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| 附件6： | | | 特困供养待遇审核确认表 | | | | | | | | | | | | | | | | | | | | | | |
| **申请人姓名** | | |  | | | | **性别** | |  | | | **民族** | |  | | | **家庭 人口数** | |  | | **照片粘贴处** | | | |
| **户籍地** | | |  | | | |  | | | | | | | **出生**  **年月** | | |  | | | |  | | | |
| **居住地** | | |  | | | | | | | | | | | | | | | | | |
| **身份证号** | | |  | | | | | | | | | | | **联系电话** | | |  | | | | | | | | |
| **认定类别** | | | □老年人 □残疾人 □未成年人 | | | | | | | | | | | **供养形式** | | | □集中供养 □分散供养 | | | | | | | | |
| **残疾等级** | | |  | | | | | | | | | | | **残疾类别** | | |  | | | | | | | | |
| **生活自理 能力评估** | | | □自主吃饭 □自主穿衣  □自主入厕 □自主上下床  □自主洗澡 □室内自主行走 | | | | | | | | | | | **评估结果** | | | □具备生活自理能力  □部分丧失生活自理能力  □完全丧失生活自理能力 | | | | | | | | |
| **监护人信息** | **姓名** | | **年龄** | **性别** | | | | **与申请人关系** | | **婚姻状况** | | | **健康状况（残疾类别、等级）** | | | | **职业状况** | | **月/年收入** | | | **身份证号码** | | | |
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| **赡抚扶 养人 信息** | **姓名** | | **年赡（抚、扶）养费** | **性别** | | | | **与申请人关系** | | **婚姻**  **状况** | | | **健康状况（残疾类别、等级）** | | | | **职业**  **状况** | | **月（年）收入** | | | | **身份证号码** | | |
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| **家庭经济状况** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否为特困供养保障经办人员或村干部近亲属** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **乡镇审核（街道）意见** | | **经审核、评议、公示无异议： 村（居） 人，拟同意纳入特困供养保障范围，月（年）保障金额 元/月（年）。**      **盖 章：**    **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **经办人 签名** | | |  | | | | | | **民政办负责人签名** | | | |  | | | **分管领导签名** | | | | | |  | |
| **乡镇（街道）确认意见** | | **经审核，同意你乡镇（街道)对 人审核意见，从 年 月起执行上述救助标准。**    **盖 章：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **审核人**  **签名** | | | |  | | | | | | | | | | **领导签名** | | | |  | | | | | |

**填表说明：**1.职业状况填写以下分类：（1）老年人（60周岁及以上）（2）在职职工（3）灵活就业人员（4）登记失业人员（5）未登记失业人员（6）已成年但不能独立生活的子女，包括在校接受本科及其以下学历教育的成年子女；（7）其他人员（18周岁以下）；2.家庭经济状况填写家庭收入、财产和支出等情况。