残疾儿童辅助器具适配项目申请审批表

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| 儿童姓名 |  | | | | | 性别 | | 男□ 女□ | | | | | | | 民族 | | | |  | | | | |
| 身份证号 |  |  | |  |  |  |  |  |  |  | |  | |  |  | |  |  |  | |  |  |  |
| 家庭住址 |  | | | | | | | | | | | | | | 联系电话 | | | |  | | | | |
| 监护人姓名 |  | | | | 工作单位 | | | | | |  | | | | | | | | | | | | |
| 经济  状况 | □家庭人均收入低于当地城乡居民最低生活保障线  □家庭经济困难 | | | | | | | | | | | | | | | | 户口  类别 | | □农业户口  □非农业户口 | | | | |
| 残疾状况 | □偏瘫 □截瘫 □脑瘫 □截肢 □其它 | | | | | | | | | | | | | | | | | | | | | | |
| 服务方式 | □实物发放 □价格补贴 | | | | | | | | | | | | | | | | | | | | | | |
| 辅助器具  需求情况 | 序号 | | 辅具名称及型号 | | | | | | | | | | 数量 | | | 补贴金额（元） | | | | 自费金额  （元） | | | |
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| 监护人申请 | 申请人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 县（市、区）残联复筛  意见 |  | | | | | | | | | | | | | | | | | | | | | | |