附件1

残疾儿童辅助器具适配项目补贴申请审批表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | | | | | | | | | | | | | | | | | | | | | | | |
| 辅助器具  需求情况 | 序号 | | | | 产品名称及数量 | | | | | | | | | | | | | | | | | | | |
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| 监护人银  行卡信息 | 户 名：  账 号：  开户行： | | | | | | | | | | | | | | | | | | | | | | | |
| 监护人申请 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 县（市、区）残联复筛  意见 |  | | | | | | | | | | | | | | | | | | | | | | | |

填表单位（公章）： 填表人： 填表日期：

**说明：此表用于儿童假肢矫形器及辅助器具适配项目，由儿童监护人填写，县（市、区）残联审核并存档备查，用√在□符合项中标出。**