附件1

2025年度困难残疾人康复工程救助项目任务分配表

|  |  |  |  |
| --- | --- | --- | --- |
| 乡镇 | 困难精神残疾人药费补助 | 残疾人基本型辅助器具适配 | 残疾儿童康复救助项目 |
| 残疾儿童康复训练 | 残疾儿童辅助器具适配 | 残疾儿童假肢矫形器适配 |
| 城关镇 | 346 | 24 | 203 | 10 | 11 |
| 晓天镇 | 55 | 10 |
| 桃溪镇 | 53 | 5 |
| 万佛湖镇 | 69 | 9 |
| 千人桥镇 | 73 | 11 |
| 百神庙镇 | 77 | 5 |
| 杭埠镇 | 58 | 10 |
| 舒茶镇 | 50 | 7 |
| 南港镇 | 90 | 27 |
| 干汉河镇 | 86 | 10 |
| 张母桥镇 | 52 | 15 |
| 五显镇 | 64 | 14 |
| 山七镇 | 54 | 6 |
| 河棚镇 | 44 | 17 |
| 汤池镇 | 83 | 10 |
| 春秋乡 | 67 | 8 |
| 柏林乡 | 80 | 10 |
| 棠树乡 | 83 | 22 |
| 阙店乡 | 79 | 7 |
| 高峰乡 | 46 | 9 |
| 庐镇乡 | 46 | 10 |
| 合计 | 1655 | 246 | 203 | 10 | 11 |

附件2

困难精神残疾人药费补助审批表

\_\_\_\_\_\_县（市、区）\_\_\_\_\_\_乡镇（街道）\_\_\_\_\_\_村（社区）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 残疾人证号 |  |
| 经济状况 | □ 1.低保户 □ 2.家庭经济困难 |
| 医保情况 | □ 1.城乡居民基本医疗保险 □ 2.民政医疗救助 □ 3. 其他医疗保险 □ 4.无医疗保险  |
| 银行账号或一卡通号 | 开户行：账号： |
| 监护人姓名 |  | 与患者关系 |  | 联系电话 |  |
| 监护人承诺 | 一、保证药费补助金按规定使用；二、监护病情，督促病人按时服药、体检和复查；三、自觉履行监护职责，接受社会各界监督。监护人签名： 年 月 日 |
| 乡镇（街道）残联意见 | 审核人：公章年 月 日 |
| 县（市、区）残联审批意见 | 审核人：公章年 月 日 |

注：本表由县（市、区）残联存档。

附件3

困难精神残疾人药费补助汇总表

\_\_\_\_\_\_县（市、区）\_\_\_\_\_\_乡镇（街道） 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 残疾人证号 |  | 监护人姓名 | 家庭住址 | 联系电话 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |

附件4

残疾儿童康复救助项目安置（转送）考核表

 **市 县**  **乡镇（街道） 村（社区）**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 儿童姓名 |  | 性别 |  | 残疾类别 |  |
| 残疾人证或身份证号 |  | 补助标准（元） |  | □全时段康复训练□预约单训 |
| 家长（监护人）姓名 |  | 身份证号 |  |
| 联系电话 |  |
| 安置申请 | 申请前（转）往**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**定点机构接受训练。申请人（监护人）签字： 年 月 日 |
| 机构意见 | **同意接收。**定点机构（签章）年 月 日 |
| 计划康复起止日期 | 年 月至 年 月 |
| 户籍所在市或县级残联意见 | **同意转送安置。**签字（公章）年 月 日 |
| 实际康复训练时间 | 年 月至 年 月 | 康复效果机构自评 | □显效 □有效 □一般 |
| 机构所在地（项目申请地）残联考核评估意见 | 签章: 年 月 日 |

附件5

六安市残疾人基本型辅助器具适配补贴申请审批表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 残疾人姓名 |  | 残疾类别 | 视力□　听力□　肢体□　智力□　精神□（多 重 残 疾 可多 选） | 残疾等级 | 一级□　二级□三级□　四级□　 未定级□ |
| 残疾人证/身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 性 别 |  | 家庭地址 |  |
| 本人联系电话 |  | 监护人联系电话 |  |
| 补贴人群 | □低保 □特困 □低保边缘家庭及防止返贫监测对象 □支出型困难家庭 □其他低收入残疾人 □残疾儿童 □义务教育及高中阶段残疾学生 □新入学残疾大学生 |
| 申请适配辅具项目 | 序号 | 辅具名称及型号 | 数量 | 补贴金额（元） | 自费金额（元） | 申请（代理）人签字 |
| 1 |  |  |  |  |  年 月 日 |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 银行卡信息 | 户 名：账 号：开户行： |
| 乡镇(街道)残联初审意见 | 审核人意见：  签字（公章）： 年 月 日  |
| 县(区)残联复审意见 | 审核人意见：  签字（公章）： 年 月 日  |

注：1.补贴形式为实物补贴，“银行卡信息”一栏可不填；2.申请残疾儿童辅助器具，“乡镇（街道）残联初审意见”一栏可不填。

附件6

肢体辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | 男□ 女□ | 出生日期 |  |
| 既往辅具名称 |  |
| 既往辅具使用情况 |  |
| 目前存在的主要问题 |  |
| 残疾人（包括监护人）对辅具的需求 |  |
| 技术组评估意见 | 辅具 矫形器 □踝足矫形器 □膝踝足矫形器 □矫形鞋□脊柱矫形器 □手部矫形器 假肢 □大腿假肢 □小腿假肢 □手部假肢 |
| 适配功能目标 |  |
| 本人或监护人（签字）： 技术组（签字）：年 月 日 |

附件7

假肢处方表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | 男 □ 女 □ | 出生日期 |  |
| 截肢部位 |  | 截肢时间 |  | 截肢原因 |  |
| 残肢评估 | 残肢形状 | 圆 柱 □ 圆 锥 □ 圆 锤 □ 畸 形 □ |
| 残肢表面 | 疤痕□ 神经瘤□ 囊肿□ 骨刺□ 其他□ |
| 残肢有关症状描述 |  |
| 假肢处方 | 假肢名称： 要 求：   |
| 监护人（签字） |  | 医师（签字） |  |

附件8

矫形器处方表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | 男□ 女□ | 出生日期 |  |
| 矫形器评估 | 下肢：肌力 左 右 左 右伸髋/外展 屈髋/内收伸膝 屈膝足跖屈 足背屈肌张力 |
| 屈髋肌群（伸、屈）屈膝肌群（伸、屈）足跖屈肌群（伸、屈）本体觉 | 挛缩□L□R挛缩□L□R挛缩□L□R | 紧张□L□R紧张□L□R紧张□L□R | 正常□L□R正常□L□R正常□L□R |
| 髋膝踝趾步态分析： | 良好□L□R 良好□L□R 良好□L□R 良好□L□R | 一般□L□R一般□L□R一般□L□R一般□L□R | 差□L□R差□L□R差□L□R差□L□R |  |
| 其他情况说明： |
| 矫形器处方 | □踝足矫形器（要求 ）□膝踝足矫形器（要求 ）□其他矫形器  |
| 监护人（签字） |  | 医师（签字） |  |

附件9

视力辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | □男 □女 | 出生日期 |  |
| 医疗机构诊断结果 | □遗传、先天异常或发育障碍 □白内障（术前/术后） □青光眼（术前/术后） □屈光不正 □黄斑部病变（术前/术后） □角膜浑浊 □视神经病变 □脑外伤 □眼外伤 □视网膜色素膜病变 □视网膜脱离（术前/术后） □弱视 □外伤 □中毒 □眼球震颤 □ 其他：  |
| 需求评估 |   |
| 目前使用助视器情况 | □无 □有，名称  |
| 视功能评估 | （包括远近视力、最佳矫正视力、屈光度数、中心视野检查、对比敏感度等） |
| 其他评估 | （包括阅读能力测试、定向行走测试等） |
| 适配建议 | 辅具名称 |  |
| 适配目的 |  |
| 评估人： 日期： |

附件10

听力辅具评估适配表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | □男 □女 | 年龄 |  |
| 听障确诊时间 |  | 首次佩戴助听设备时间 | 左耳 |  |
| 右耳 |  |
| 补偿/重建方式 | 左耳 | □无 □助听器 □人工耳蜗 □其它 | 设备型号 |  |
| 右耳 | □无 □助听器 □人工耳蜗 □其它 |  |
| 听力测试 | 测听方法 □BOA □VRA □PA □PTA |
| 配合程度 □很配合 □一般 □不配合 |
| 测试音 □啭音 □纯音 □窄带噪音 □语音 |
| 听 力 图

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| dB-100102030405060708090100110120 | 125 250 500 1000 2000 4000 8000 Hz

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| 左耳(Left Ear) |

 |  | dB-100102030405060708090100110120 | 125 250 500 1000 2000 4000 8000 Hz

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| 右耳(Right Ear) |

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|  |  |  |
| --- | --- | --- |
| 符号说明 | 未掩蔽 | 加掩蔽 |
| 左 右 | 左 右 |
| 气导骨导 | X O> < | □］ | △［ |

裸耳平均听阈 裸耳平均听阈   |
| 电生理测试 | 侧别 | 左耳 | 右耳 |
| 频率 | 0.5KHZ | 1KHZ | 2KHZ | 4KHZ | 0.5KHZ | 1KHZ | 2KHZ | 4KHZ |
| 听觉稳态电位测试（ASSR）单位：dBSPL/dBnHL |  |  |  |  |  |  |  |  |
| 目前存在主要需求 |  |
| 适配听力辅具名称 |  |
| 评估人： 评估日期： |

附件11

 乡镇辅具适配登记汇总表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 年龄 | 残疾证号 | 联系电话 | 辅具名称 | 数量 | 单位 | 补贴形式（实物/现金） | 辅具机构 | 联系电话 | 本人或监护人签字 | 是否进行宣教 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |

 填表人： 乡镇残联盖章：

注：假肢和矫形器单位均为例，一双代表2例。

附件12

辅具产品验收情况表

|  |  |
| --- | --- |
| 供应商名称 |  |
|  厂家联系人： |  厂家联系电话： |
| 序号验收内容 | 产品品名 | 产品型号 | 单位 | 数量 | 产品附加要素 | 与供应商投标文件中的承诺是否一致 | 备注（其它需要说明的内容） |
| 有无产品合格证 | 有无产品说明书 | 有无保修保养卡 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |

 验收单位（盖章）： 负责人： 联系电话： 填表日期：