附件2 辽宁省残疾儿童和残疾人辅助器具申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | | | | | 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/身份证号 |  |  | |  |  | |  | |  | |  |  |  |  |  | | |  | |  | | |  | |  | | |  |  |  |  |  |
| 文化程度 |  | | | | | 联系电话 | | | | | | |  |  | |  | | |  | |  | | |  | |  | |  |  |  |  |  |
| 监护人 |  | | | 与残疾人关系 | | |  | | | 联系电话 | | |  |  | |  | | |  | |  | | |  | |  | |  |  |  |  |  |
| 家庭地址 | 市 县（市、区）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请人状况 | □低保 □低收入 □16周岁以下儿童 □学生 □就业 □其他残疾人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 补贴凭证清单 | □残疾人证 □身份证 □户口簿 □辅具评估意见（需要评估的填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核评估 | 申请补贴种 类 | | □通用型\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | 评估意见： | | | | | | | | | | | | | | | |
| □特殊型\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 评估人：  评估机构盖章：  年 月 日 | | | | | | | | | | | | | | | | 审核人：  县（市、区）残联盖章：  年 月 日 | | | | | | | | | | | | | | | |
| 辅具适配 | 适配辅具名称： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 适配辅具价格： | | | | | | | | | | | | | | | 补贴费用： | | | | | | | | | | | | 自费用费： | | | | |
| 适配机构负责人（签字）或单位盖章 | | | | | | | | | | | | | | | 辅具领取人或受益人签字： | | | | | | | | | | | | | | | | |

1、申请表适用于为残疾人代办辅具补贴申请时使用。

2、辅助器具的名称、序号、单位请严格参照目录填写。

3、需要评估的辅具在评估栏目填写，不需要评估的不填写。