附件2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  | |  |  | |  | |  |  |  |  | |  | |  | | |  | |  | | | |  | |  | | | |  |  |  |  |  |
| 联系人 |  | | | | | □手机□固定电话 | | | | | | |  | |  | |  | | |  | |  | | | |  | |  | | |  |  |  |  |  |
| 家庭地址 | 市 县（市、区）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请人类别 | □特困供养户 □低保户 □一户多残 □建档立卡户 □0-14岁残疾儿童  □其他残疾人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 凭证清单 | □残疾人证 □身份证 □户口簿 □居住证  □特困供养户 □低保户 □一户多残 □建档立卡户  □0-6岁残疾儿童诊断证明  □辅具购买发票原件 □评估意见 □银行卡复印件  □其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请适配辅助器具项目 |  | | 辅助器具名称/序号 | | | | | | | | | | | | | | | 数量 | | | | | | 单位 | | | | | | 申请（代理）人签字 | | | | | |
| 1 | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 2 | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| 3 | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
|  | 4 | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | 年 月 日 | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**福建省残疾人辅助器具适配补贴申请表**

**填表说明：**

1.申请表适用于为残疾人代办补贴申请时使用，工作人员应对相关项目进行解释并协助申请人完成相关内容的填写；

2.辅助器具的名称、序号、单位请严格参照目录填写；

3.工作人员根据该表在“辅助器具服务平台”上提交补贴申请并上传相关证明资料。