附件：

青海省政府购买

残疾人辅助器具精准适配服务申请（审批）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□ | | | | | | | | | | | | | |
| 残疾/身份证号 |  | | |  |  | |  | |  | |  |  |  | |  | | |  | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |  | | |  | |  |
| 联系人 |  | | | | | | | □手机□固定电话 | | | | | |  | | |  | |  | | |  | | |  | | |  | | |  | | | |  | |  | | |  | | |  | |  | |
| 家庭地址 | 市（州） 县（市、区、行委） 乡（镇、街道） 村（社区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 凭证清单 | □残疾人证复印件 □0-6岁残疾儿童户口本复印件 □低保户 □精准扶贫户  □一户多残证明 □评估意见 □身份证复印件 □其他\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请适配辅助器具  项目 |  | | 辅助器具名称 | | | | | | | | | | | | | 数量（件） | | | | | | | 最高限价（元） | | | | | | | | | | | 申请（代理）人签字 | | | | | | | | | | | | |
| 1 | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| 2 | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 3 | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |
|  | 4 | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | |
| 县(市、区)残联申请核准意见 | 申请人类别：□ 0-6岁残疾儿童 □ 低保户 □ 精准扶贫户 □ 一户多残 □ 其他  初审情况：□ 材料齐全 □ 符合受助条件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经办人意见： 签字：  审核人意见： 签字：  公章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 辅助器具精准适配服务清单 |  | 辅助器具名称 | | | | | | | | | | | | | | 数量（件） | | | | | 价格（元） | | | | | | | | | 供应商 | | | | | | | | 年限 | | | | 型号 | | | | |
| 1 |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  | | | | |
| 2 |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  | | | | |
| 3 |  | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | | | |  | | | | |
| 适配服务费： | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服务及转介等其他情况说明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 县(市、区、行委)残联发放后审核意见 | 经办人意见： 签字：  审核人意见： 签字：  公章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |