附件1

河南省残疾人基本型辅助器具适配补贴申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | | | | 残疾  类别 | | | 视力□　 听力□ 言语□  肢体□　 智力□　精神□  多重□ | | | | | | | | | 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 | □残疾儿童 □低保 □特困供养家庭 □一户多残 □残疾学生 □其他残疾人 | | | | | | | | | | | | | | | | | | | | | | | |
| 个人需求 | □补偿听力功能缺失 □代偿视力缺失功能 □方便支撑身体 □方便外出 □方便如厕 □防止滑倒 □方便转移 □方便洗澡 □其他 | | | | | | | | | | | | | | | | | | | | | | | |
| 申请适配辅助器具项目 |  | | 辅助器具名称/序号 | | | | | | | 数量 | | | | | | | 单位 | | | 申请人签字 | | | | |
| 1 | |  | | | | | | |  | | | | | | |  | | | 年 月 日 | | | | |
| 2 | |  | | | | | | |  | | | | | | |  | | |
| 3 | |  | | | | | | |  | | | | | | |  | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | |
| 补贴审批情况 | □通过 □未通过 | | | | | | | | | 补贴金额 | | | |  | | | | | | | | | | |
| 申请人或监护人签名  年 月 日 | | | | | 评估适配人员签字    年 月 日 | | | | | | | | | | | | 县（市、区）（盖章）    年 月 日 | | | | | | | |