附件1-1

安徽省残疾人基本型辅助器具适配补贴申请审批表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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□  未定级□ | | | | | |
| 残疾人证/身份证号 |  |  |  | |  |  | |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| 联系人 |  | | | | 联系电话 | | | | | |  | |  |  |  |  | |  |  | |  |  |  |  |  |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请适配辅具  项目 |  | 辅具名称 | | | | | | | | | | 数量 | | | | | | | | 申请（代理）人签字 | | | | | |
| 1 |  | | | | | | | | | |  | | | | | | | | 年 月 日 | | | | | |
| 2 |  | | | | | | | | | |  | | | | | | | |
| 3 |  | | | | | | | | | |  | | | | | | | |
| 乡镇(街道)残联初审意见 | 审核人意见：  签字（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 县(市、区)残联复审意见 | 审核人意见：  签字（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |