附件1：

残疾人辅助器具康复救助项目申请审批表

填报时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受助人姓名 |  | | | | | | 性别 | | | 男□女□ | | | | | 民族 | | | |  | | |
| 残疾证号 |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 家庭住址 |  | | | | | | | | | | | 联系电话 | | | |  | | | | | |
| 监护人姓名 |  | | | | | 家庭住址 | | | |  | | | | | | | | | | | |
| 残疾状况 | □视力   □听力   □肢体    □智力   □精神 | | | | | | | | | | | | | | | | | | | | |
| 辅助器具  需求情况 | 序号 | | | 辅助器具名称 | | | | | | | | | | | | 数量 | | | | | |
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|  | | |  | | | | | | | | | | | |  | | | | | |
| 村(社区)  意见 | （签章）  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 乡镇残联  意见 | （签章）  年 月 日 | | | | | | | | | | | | | | | | | | | | |

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注：1.此表由受助人准确填写；

2.此表由乡镇残联留存备查。