计划生育特殊困难家庭申请入住市属养老机构老年人基本情况登记表（表一）

**一、老人基本资料**（由申请人或代理人填写）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | **姓 名** |  | | | | **性 别** | | | | | **□**男 **□**女 | | | | | | | | | | | | | **年 龄** |  | **民族** |  |
| **文化程度** |  | | | | **婚姻状况** | | | | | **□**已婚  **□**未婚 **□**丧偶 **□**离异 **□**再婚 | | | | | | | | | | | | | | | | |
| **身份证号码** |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  | **现 住 址** |  | | | |
| **联系方式** | **固定电话** | | | |  | | | | | | | | | | | | | | | | | **手机号码** |  | | | |
| **医疗情况** | **□**医保 **□**公费医疗 **□**医疗照顾 **□**一老一小 **□**外地 **□**自费 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **老人生活自理能力情况** | | **□**自理 **□**半自理 **□**完全不能自理 **□**失智 | | | | | | | | | | | | | | | | | | | | | | **信息来源** | **□**本人 **□**家属 **□**代理人 | | |
| **职业状况** | **□**离休 **□**退休 **□**无业 | | | | | | | | | | **收入状况** | | | | | **元**/**月** | | | | | | | | **是否为初次登记** | | **□**是 **□**否 | |
| **居住情况** | **□**独居 **□**夫妻同住  **□**与子女同住 **□**养老机构  **□**医院 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **计划生育特殊困难家庭** | | **□**计划生育特殊困难家庭中60周岁以上失能老年人 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□**计划生育特殊困难家庭中70周岁以上老年人 | | | | | | | | | | | | | | | | | | | | | | | | | |

**申请（代理）人签名： 年 月 日**

计划生育特殊困难家庭申请入住市属养老机构老年人基本情况登记表（表二）

**二、代理人情况**（由代理人填写）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **代理人信息** | **姓 名** |  | | | | | | **性 别** | | | | | **□**男  **□**女 | | | | | | | **职 业** |  | **与老人关系** | |  | |
| **身份证号码** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **现住址** |  | | | | |
| **联系方式** | **手 机** | | | | | |  | | | | | | | | | | | | **固定电话** |  | | **常住北京** | | **□**是  **□**否 |
| **工作单位** |  | | | | | | | | | | | | | | | | | | | | | **24小时可联系** | | **□**是 **□**否 |
| **信息来源** | **□**本人 **□**家属 **□**代理人 | | | | | | | | | | | | | | | | | | | | | | | |
| **备 注** |  | | | | | | | | | | | | | | | | | | | | | | | | |

**申请（代理）人签名： 工作人员签名： 年 月 日**