附件1

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| --- | --- | --- | --- | --- | --- | --- |
| 2015年度0—6岁抢救性康复工程儿童辅助器具分配表 | | | | | | |
| 类别  单位 | 儿童脑瘫轮椅36件 | 儿童坐姿轮椅40件 | 儿童助行器39件 | 儿童站立架41件 | 合计 | 适配任务104人 |
| **文峰区** | 6 | 2 | 0 | 3 | 11 | 8 |
| **北关区** | 2 | 1 | 2 | 1 | 6 | 4 |
| **殷都区** | 3 | 0 | 3 | 3 | 9 | 6 |
| **龙安区** | 0 | 0 | 0 | 0 | 0 | 0 |
| **林州市** | 6 | 6 | 6 | 8 | 26 | 16 |
| **安阳县** | 6 | 6 | 6 | 8 | 26 | 16 |
| **内黄县** | 6 | 8 | 6 | 8 | 28 | 17 |
| **汤阴县** | 2 | 8 | 12 | 9 | 31 | 22 |
| **高新区** | 0 | 0 | 0 | 1 | 1 | 1 |
| **示范区** | 0 | 0 | 0 | 0 | 0 | 0 |
| **市直** | 5 | 9 | 4 | 0 | 18 | 14 |
| **合计** | 36 | 40 | 39 | 41 | 156 | 104 |

备注：按筛查上报人数发放，附残疾证或护口本复印件

附件2

贫困残疾儿童（辅助器具适配）康复救助项目审批表

填表单位：（公章）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 儿童 姓名 |  | | | | 性 别 | | | □男□女 | | | | | 民 族 | | | | |  | | | | | | | |
| 身份 证号 |  |  |  |  | |  |  | |  |  |  |  | |  | |  |  | | |  |  | |  |  |  |
| 家庭 住址 |  | | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | |
| 监护人姓名 |  | | | | 工作单位 | | |  | | | | | | | | | | | | | | | | | | |
| 经济  状况 | □家庭人均收入低于当地城乡居民最低生活保障线  □家庭经济困难 | | | | | | | | | | | | | | 户口  类别 | | | | | | | □农业户口  □非农业户口 | | | | |
| 残疾 类别 | □偏瘫 □截瘫 □脑瘫 □截肢 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 辅助器具需求情况 | 序号 | | | | 产品名称及数量 | | | | | | | | | | | | | | | | | | | | | |
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| 监护人申请 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居委会（村委会）初筛意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 县（市、区）残联审批意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | |

填写人： 填写日期：

附件3

贫困残疾儿童（辅助器具）评估适配表

填表单位（公章）：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本  情况 | 儿童姓名 | |  | 性别 | □男□女 | | 民族 |  | |
| 身份证号 | |  | | | | 联系电话 |  | |
| 家庭地址 | |  | | | | 邮政编码 |  | |
| 监护人 姓名 | |  | 身份证号 | |  | | | |
| 残疾  类别 | □偏瘫 □截瘫 □脑瘫 □截肢 □其它 | | | | | | | | |
| 经济  情况 | □家庭人均收入低于当地城乡居民最低生活保障线  □农村领取社会救济金  □家庭经济困难 | | | | | | | | |
| 需求  情况 | 类别：□假肢及矫形器 □儿童轮椅 □坐姿椅  □儿童助行器 □站立架 □低视力 | | | | | | | | |
| 适配  辅助  器具  记录 | 次数 | 产品名称 | | 数量 | 监护人签字 | | 适配时间 | | 备注 |
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| 3 |  | |  |  | |  | |  |
| 4 |  | |  |  | |  | |  |
| 5 |  | |  |  | |  | |  |

填表人： 审核人： 填表日期：

**填表说明：**

1、此表由定点服务机构填写，一式3份，1份存档，1份报市残联康复部，一份报市残疾人辅助器具中心，市残疾人辅助器具中心根据要求报省残疾人辅助器具中心。

2、填表时用√在□或○符合项中标出。

附件4 **贫困残疾儿童（辅助器具适配）康复救助 年度统计汇总表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 | 姓名 | 性别 | 民族 | 身份证号 | 地址 | 联系电话 | 适配辅助器具  名称、型号 | 数量 | 辅助器具机构名称 |
|  |  |  |  |  |  |  |  |  |  |
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项目地区残联（盖章） 负责人签字： 填表人： 填报日期：

备注：此表逐级审核、盖章，市残疾人辅助器具中心汇总后报省残疾人辅助器具中心项目管理处