**辽宁省慈善总会 慈善救助项目审批表**

**编号：**

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| **受助人姓名** |  | **性别** | |  | **出生年月日** | | |  | | | **民族** |  |
| **身份证号** |  | **户籍地址** | | |  | | | | | | | |
| **所患病种** |  | | **参保方式** | | | | **医保/新农合/商业保险/未参保** | | | | | |
| **监护人姓名** | **与受助人关系** | | **身 份 证 号** | | | | | | **职 业** | | | |
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| **联系电话** |  | | **贫困类型** | | | | **低保户/低保边缘户/建档立卡贫困户** | | | | | |
| **救助金额** |  | | | | | | | | | | | |
| **村委会**  **（街道）意见** | **（申请人家庭情况是否属实）**  **（单位公章）**  **负责人签字： 年 月 日** | | | | | | | | | | | |
| **县级慈善会**  **意见** | **负责人签字：**    **（单位公章）**  **年 月 日** | | | | | **市慈善总会**  **意见** | | | | **负责人签字：**    **（单位公章）**  **年 月 日** | | |
| **省慈善总会意见** | **负责人签字：**      **（单位公章）**  **年 月 日** | | | | | | | | | | | |

**低保证复印件粘贴单**

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| **户主姓名** |  | | **性别** | | |  | | | **民族** | |  | |
| **家庭人口** |  | | **联系电话** | | |  | | | | | | |
| **现在常住地址** |  | | | | | | | | | | | |
| **家庭成员情况** | **姓名** | **与户主关系** | | | **性别** | | | **年龄** | | **职业** | | **备注** |
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| **家庭困难情况** |  | | | | | | | | | | | |
| **县（市区）**  **民政局 意见** | **负责人签字：** | | |  | | | **证明机关：（盖章）**  **年 月 日** | | | | | |

**低收入家庭（低保边缘户）证明**

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| **户主姓名** | |  | | **性别** | | |  | | **民族** | |  | |
| **家庭人口** |  | | | **联系电话** | |  | | | | | |
| **现在常住地址** |  | | | | | | | | | | |
| **家庭成员情况** | **姓名** | **与户主关系** | | | **性别** | | **年龄** | | **职业** | | **备注** |
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| **家庭困难情况** |  | | | | | | | | | | |
| **县（市区）扶贫办 意见** | **负责人签字：** | | | | |  | | **证明机关：（盖章）**  **年 月 日** | | | |

**建档立卡贫困户证明**

**蓓蕾慈善救助项目监护人资料粘贴单**

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| **监护人身份证复印件正面粘贴处** |
| **监护人身份证复印件背面粘贴处** |

**蓓蕾慈善救助项目票据资料粘贴单**

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**蓓蕾慈善救助项目监护人**

**身份证、银行卡复印件粘贴表**

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| **监护人身份证复印件正面粘贴处** | | **监护人银行卡复印件粘贴处** |
| **开户名** |  | |
| **身份证号** |  | |
| **银行卡号** |  | |
| **开户行** |  | |
| **受助人姓名：**  **救助金额：** | | |