附件3

优待服务保障对象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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **优待服务保障对象** | | **□**优待服务保障对象中60周岁(含)以上失能老年人  **□**优待服务保障对象中80周岁(含)以上老年人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **拟选取入住养老机构**  (只能选两家) | | **□**北京市第一社会福利院 （备注：主选□ 调剂□）  **□**北京市第四社会福利院 （备注：主选□ 调剂□）  **□**市养老护理照料示范中心 （备注：主选□ 调剂□）  **□**北京汇晨老年公寓 （备注：主选□ 调剂□）  **□**北京一福寿山福海养老服务中心 （备注：主选□ 调剂□） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**申请（代理）人签名： 年 月 日**

优待服务保障对象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**