附件2：

家庭无力照料残疾儿童申请入住北京市儿童福利院基本情况登记表（表一）

**一、儿童基本资料**（由申请人或监护人填写）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | **姓名** |  | | | | **性别** | | | | | **□**男**□**女 | | | | | | | | | | | | **年龄** |  | **民族** |  |
| **文化程度** |  | | | | **就读状况** | | | | | **□就读 □失读** | | | | | | | | | | | **学校类型** | **□普校 □培智 □聋校 □盲校 □其他** | | | |
| **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 **□**自费 | | | | | | | | | | | | | | | | | | | | | | | | |
| **儿童生活自理能力情况** | | **□**完全依赖 **□**较大依赖 **□**稍依赖、自理 | | | | | | | | | | | | | | | | | | | | | **信息来源** | **□**本人 **□直系**亲属 **□**监护人 | | |
| **居住情况** | **□**父母同住 **□**与其他人同住 **□**其他机构 **□**医院 | | | | | | | | | | | | | | | | | | | | | | **是否为初次登记** | | **□**是 **□**否 | |
| **家庭无力照料残疾** | | **□7**周岁以下儿童 | | | | | | | | | | | | | | | | | | | | | | | | |
| **□**3周岁以下儿童 | | | | | | | | | | | | | | | | | | | | | | | | |

**申请人签名： 监护人签名： 年 月 日**

家庭无力照料残疾儿童申请入住北京市儿童福利院基本情况登记表（表二）

**二、监护人情况**（由监护人填写）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **监护人信息** | **姓名** |  | | | | | | **性别** | | | | | **□**男  **□**女 | | | | | | | **职业** |  | **与儿童关系** | |  | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | |

**监护人签名： 工作人员签名： 年 月 日**