附件1

河北省残疾人基本型辅助器具适配申请审批表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请人姓名 |  | | | | | 残疾类别 | | | 视力□ 听力□ 肢体□ 智力□  精神□（多重残疾可多选） | | | | | | | | | | 残疾等级 | | | 一级□ 二级□ 三级□ 四级□  未定级□ | | | | | | | | | |
| 残疾∕身份证号 |  | |  | |  | |  |  | |  |  | |  |  | |  |  |  | | |  | |  |  | |  |  | |  |  |  |
| 联系人 |  | | | | | | | | | 电话 | | |  | | | | | 入学时间 | | | | | | | |  | | | | | |
| 家庭住址 | 省 市 县（市、区） 乡镇（街道） 村（社区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 凭证清单 | □残疾证复印件 □0-6岁残疾儿童诊断证明 □低保证 □建档立卡贫困户  □一户多残证明 □评估意见 □其他＿＿＿＿＿＿＿ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请适配  辅具项目 |  | 辅具名称 | | | | | | | | | | | 数量（件） | | | | | | | | | | | | 申请（代理）人签字 | | | | | | |
| 1 |  | | | | | | | | | | |  | | | | | | | | | | | | 年 月 日 | | | | | | |
| 2 |  | | | | | | | | | | |  | | | | | | | | | | | |
| 3 |  | | | | | | | | | | |  | | | | | | | | | | | |
| 高等院校意见 | 签字（公章)：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育部门  初审意见 | 签字（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 残联核准意见 |  | | | 辅具名称 | | | | | | | | 数量（件） | | | 产品单价（元） | | | | | 补贴金额（元） | | | | | | | | 残疾人自付  金额（元） | | | |
| 1 | | |  | | | | | | | |  | | |  | | | | |  | | | | | | | |  | | | |
| 2 | | |  | | | | | | | |  | | |  | | | | |  | | | | | | | |  | | | |
| 3 | | |  | | | | | | | |  | | |  | | | | |  | | | | | | | |  | | | |
| 审核意见：  签字（公章）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |