附表1

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 儿童姓名 |  | | | | | | | 性别 | | | | |  | | 民族 | | | |  | | 出生年月 | | | | | | | |  | | | | | | |
| 儿童身份证号 |  |  | |  | | |  |  |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  |
| 监护人姓名 |  | | | | | | | 工作单位 | | | | |  | | | | | | | | | | 与儿童  关系 | | | | | |  | | | | | | |
| 监护人身份证号 |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |
| 联系电话 | 宅电 | | | | | | | | 家庭  住址 | | | |  | | | | | | | | | | | | | | | | | | 邮编 | |  | | |
| 手机 | | | | | | | | 通讯  地址 | | | |  | | | | | | | | | | | | | | | | | | 邮编 | |  | | |
| 听力损失及  康复情况 | 发现耳聋月龄：\_\_\_  是否有家族耳聋史： □无 □有 与儿童关系 \_\_\_\_  平均听力损失：左耳\_\_\_\_ dB HL 右耳 \_\_\_\_ dB HL  助听器配戴：□否 □是（开始配戴时间：\_\_岁 个月） 配戴耳：□左 □右  目前康复状态：□机构康复 □家庭康复 □未接受康复  接受救助后家庭中有无专人陪伴康复 ：□无 □有 与儿童关系 \_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭经济状况 | □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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 享受医疗保险情况 | □享受城镇居民基本医疗 □享受新型农村合作医疗  □享受医疗救助 □享受其他保险  □无医疗保险 | | | | | | | | | | | | | | | | | | | | | | | 户口  类别 | | | □农业户口  □非农业户口 | | | | | | | | |
| 监护人申请 | 申请人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社区、村委会  意见 | 审核人：  公章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ ）残联  审批意见 | 审核人：  公章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**听力残疾儿童助听器康复救助项目申请审批表**

说明：1、残联审批意见按照各省规定执行；2、此表由终审部门留存，定点康复机构复印备案。