**WNIOSEK**

**O PRZYZNANIE POMOCY ZDROWOTNEJ**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Data wpływu wniosku | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **DANE WNIOSKODAWCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko wnioskodawcy | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| PESEL | | | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |
| Numer telefonu | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejsce zamieszkania | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Wniosek dotyczy  (zaznaczyć właściwe) | | | | | | | | [ ] Nauczyciela czynnego zawodowo  [ ] Nauczyciela: emeryta/rencisty/otrzymującego świadczenie kompensacyjne | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejsce zatrudnienia/ostatnie miejsce zatrudnienia | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wymiar zatrudnienia | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Potwierdzenie zatrudnienia  (dotyczy czynnych zawodowo) | | | | | | | | | | | | | | | ……………………  pieczęć zakładu pracy | | | | | | | | | | | | | | | | ……………….  podpis dyrektora | | | | | | | |
| **SYTUACJA MATERIALNA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dochody netto członków rodziny pozostających we wspólnym gospodarstwie domowym średnie z trzech miesięcy poprzedzających złożenie wniosku przypadających na jednego członka rodziny pozostającego we wspólnym gospodarstwie domowym ze wszystkich źródeł przychodu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **L.p** | | **Nazwisko i imię** | | | | | | | | | **Stopień pokrewieństwa** | | | | | | | **Data urodzenia** | | | | | **Miejsce pracy (nauki)** | | | | | | | | **Przeciętna wysokość dochodu w zł** | | | | | | | |
| 1. | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| 2. | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| 3. | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| 4. | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| 5. | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| 6. | |  | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| Łączny dochód w rodzinie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Liczba osób w rodzinie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Średni miesięczny dochód na osobę w rodzinie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UZASADNIENIE WNIOSKU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  …………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………….  ……………………………………………..  Podpis wnioskodawcy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ZAŁĄCZNIKI DO WNIOSKU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMER RACHUNKU BANKOWEGO, NA KTÓRY MA ZOSTAĆ WYPŁACONE ŚWIADCZENIE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  |  | | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  | |  |  | |  |