附件2

荆门市市直单位2016年度特困职工申报表

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 民族 | |  | | | 性别 |  | | | 出生  日期 | | | |  | | | | | |
| 政治  面貌 | |  | | | | 健康  状况 | |  | | | 婚姻  状况 |  | | | 身份证号 码 | | | |  | | | | | |
| 工作单位 | | | | |  | | | | | | | | | 从事职业 | | | | | |  | | | | |
| 家庭  人口 | | |  | | | | 住房  面积 | | |  | | | 本人月平均收入 | | |  | | | | 家庭月人均收入 | |  | | |
| 家庭详细住址 | | | | | |  | | | | | | | | | 联系电话 | | | | | |  | | | |
| 家庭  成员 | | 姓名 | | | | 与本人关 系 | | 性别 | | | 年龄 | 单位或学校 | | | | | 身份证号码 | | | | 健康状况 | | 月收入 | |
|  | | | |  | |  | | |  |  | | | | |  | | | |  | |  | |
|  | | | |  | |  | | |  |  | | | | |  | | | |  | |  | |
|  | | | |  | |  | | |  |  | | | | |  | | | |  | |  | |
|  | | | |  | |  | | |  |  | | | | |  | | | |  | |  | |
| 致困主要原因(最多选2项) | | | | | | | | | | | | | | | | | | | | | | | | |
| □本人大病或重残疾 □供养直系亲属大病或重残疾 □意外灾害 | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否劳模 | | | | □是 □否 | | | | | 是否单亲 | | | □是 □否 | | | | | | 是否享受  低 保 | | | □是 □否 | | | |
| 本人或家庭成员患病种类或天灾人祸具体情况说明 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 所在单位意见 | 年 月 日（盖 章） | | | | | | | | | | | | | | | | | | | | | | |
| 主管部门意见 | 年 月 日（盖 章） | | | | | | | | | | | | | | | | | | | | | | |
| 人社  部门审批意见 | 年 月 日（盖 章） | | | | | | | | | | | | | | | | | | | | | | |