**附件：抚州市慈善总会健康扶贫“秋露”项目申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请人填写内容** | **申请人**  **姓名** |  | | | | | | | | **性 别** | | | |  | | | **照片** |
| **籍 贯** |  | | **民 族** | | |  | | | **出生年月** | | | |  | | |
| **身份**  **证号** |  | | | | | | | | | | | | | | |
| **所患疾病名称** |  | | | | | | **联系电话** | | | |  | | | | |
| **共需医疗费用** | **万元** | | | **个人自付金额** | | | | **万元** | | **家庭**  **地址** | | |  | | | |
| **医保结算清单号** |  | | | | | | | | | | | | | | | | |
| **贫困户账户名** |  | | **账号：** | | |  | | | | | | | **开户行** | | |  | |
| **县区慈善总会意见** | **经初审，该同志符合市慈善总会“秋露”卫生扶贫项目资助条件，**  **签字：**  **（盖章）：**  **年 月 日** | | | | | | | | | | | | | | | | |
| **市慈善总会办公室意见** | **经审核，该同志符合市慈善总会“秋露”卫生扶贫项目资助条件，建议给予慈善救助 元。**      **签字：**  **（盖章）：**  **年 月 日** | | | | | | | | | | | **市慈**  **善总**  **分管**  **副会**  **长意**  **见** | | | **签字：**  **年 月 日** | | |
| **市慈善总会常务副会长意见** | **签字：**    **年 月 日** | | | | | | | | | | | | | | | | |

**注：本表一式两份**