**中国社会福利基金会919大病救助工程**

**资助对象信息登记表（详细版）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **受助者姓名** | |  | | **身份证号** | |  | | | | | | | |
| **性 别** | |  | | **年 龄** | |  | | **民 族** |  | | | | |
| **入院诊断** | |  | | | | | | **治疗方式** |  | | | | |
| **治疗医院** | |  | | | | | | **医保种类** |  | | | | |
| **户籍地址** | | **(省级) （县级）** | | | | | | | | | | | |
| **直系亲属姓名** | |  | | **身份证号** | |  | | | | **与患者关系** | | |  |
| **患者通讯地址** | | |  | | | | | | | | | | |
| **患者/直系亲属**  **联系电话** | | | **1、** | | | | **2、** | | | | **3、** | | |
| **家庭上年度收入总计** | | | | |  | | **接受过其他资助情况** | | | | |  | |
| **家庭主要财产**  **和债务**  **情况** | **收入主要来源** | | | |  | | **房产及估值** | | | | |  | |
| **其它项目收入** | | | |  | | **家电及估值** | | | | |  | |
| **债务情况** | | | |  | | **交通工具估值** | | | | |  | |
| **就诊医院**  **诊断意见**  **主管医生签字和医院盖章**  **年 月 日** | | | | | | | | | | | | | |
| **乡镇(街道办)**  **审核意见**  ***审核人签字和单位盖章***  **年 月 日** | | | | | | | | | | | | | |

**我声明以上所填写内容真实。患者/直系亲属签名：**