Forma patvirtinta

Šilalės rajono savivaldybės administracijos direktoriaus 2025 m. kovo 7 d. įsakymu

Nr. DĮS-18

2 priedas

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| Asmens kodas | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | | | | | | | | | | | | | | |
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| Deklaruotos gyvenamosios vietos adresas | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefono Nr. | | | | | | | | | | |
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| El. pašto adresas | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |

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| Faktinės gyvenamosios vietos adresas1 |
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1*Nurodomas tik tuo atveju, jeigu asmuo nėra deklaravęs gyvenamosios vietos arba jo faktinė gyvenamoji vieta nesutampa su deklaruota gyvenamąja vieta.*

Šilalės rajono savivaldybės administracijos

Direktoriui

**P R A Š Y M A S**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(data)

**Prašau skirti (reikalingą variantą pažymėkite X):**

**Vienkartinę pašalpą Tikslinę pašalpą**

Prašome nurodyti priežastis, kodėl reikalinga parama, paramos reikalingumo motyvus, aplinkybes, patvirtinančias sunkią materialinę padėtį.

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**Ar dėl paramos kreipėtės einamaisiais metais (pažymėkite X)** **Taip** **🞏** / **Ne** **🞏**

Jei **taip**, nurodykite, kokią paramą gavote: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ar asmeniui, kuriam prašoma paramos, yra nustatyti (pažymėkite X):**

 **pirmo ar antro lygio individualios pagalbos kompensacijos poreikis (iki 2023 m. gruodžio 31 d. specialusis nuolatinis slaugos poreikis) Taip** 🞏 **/ Ne** 🞏

 **trečio ar ketvirto lygio individualios pagalbos kompensacijos poreikis (iki 2023 m. gruodžio 31 d. specialusis nuolatinis priežiūros (pagalbos) poreikis) Taip** 🞏 **/ Ne** 🞏

**Skirtą pašalpą prašau pervesti į:**

sąskaitą banke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(banko pavadinimas)

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(sąskaitos Nr.)

seniūniją \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (seniūnijos pavadinimas)

Socialinės paramos skyrių

**Pateikti dokumentai:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patvirtinu, kad mano pateikti duomenys yra teisingi, jiems pasikeitus, įsipareigoju raštu apie tai informuoti.

Sutinku, kad socialinės paramos teikimo tikslais bus tvarkomi mano asmens duomenys – apie mane ir bendrai gyvenančius asmenis bus renkama informacija ir naudojami asmens duomenys.

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(parašas) (vardas, pavardė)