其他优抚对象基础电子档案信息表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.基础身份信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*姓 名 | | |  | | | | | | | | | \*性 别 | | | | | | | |  | | | | | | | | | \*民 族 | | | | | | | |  | | | | | | | | | \*出生日期 | | | | | | | | |  | | |
| \*身份证号 | | |  | | |  | | | |  | | | | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | | |  | | | |  | |  | | |  | | |  | | |  | |  |  |
| \*身份证  签发机关 | | |  | | | | | | | | | | | | | | | | | | | | | | | | \*身份证有效期 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| \*政治面貌 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 健康状况 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 户籍类别 | | | □城镇 □农村 | | | | | | | | | | | | | | | | | | | | | | | | \*联系电话 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| \*户籍地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*常住地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.家庭成员信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*关系 | | \*姓名 | | | | | | | | | | | \*联系电话 | | | | | | | | | | | 健康状况 | | | | | | | | | 就业状态 | | | | | | | | | | | 工作单位 | | | | | | | | | | | 工作职务 | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | |
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| **3.最高学历、学位** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*学历情况 | | | | □博士研究生 □硕士研究生 □大学本科  □大学专科 □高中 □中专 □初中及以下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | | | |  | | | | |
| 学位情况 | | | | □博士 □硕士 □学士 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | | | |  | | | | |
| **4.婚姻状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*婚姻状况 | | | | □未婚 □已婚 □丧偶 □离婚 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.社会保障情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*养老保险参保情况 | | | | | | | | | | | □职工基本养老保险 □城乡居民基本养老保险  □企业年金/职业年金 □其他 □未参加 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 养老保险参保地 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 养老保险参保时长（月） | | | | | | | | | | |  | | | | | | | | | | | | 养老保险  是否中断 | | | | | | | | | | | □是  □否 | | | | | | | 养老保险  中断时段 | | | | | | | | |  | | | | | | | |
| \*医疗保险参保情况 | | | | | | | | | | | □职工基本医疗保险 □城乡居民基本医疗保险 □其他 □未参加 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗保险参保地 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗保险参保时长  （月） | | | | | | | | | | |  | | | | | | | | | | | | 医疗保险  是否中断 | | | | | | | | | | | □是  □否 | | | | | | | | 医疗保险  中断时段 | | | | | | |  | | | | | | | | |
| **6.住房情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房情况 | | | | | □商品房 □经济适用房 □廉租房 □自建房 □公有住房 □公租房 □其他 □无住房 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房公积金缴纳情况 | | | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.奖惩情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖励情况 | \*奖励奖项 | | | | | | | □全国劳动模范 □全国先进工作者 □全军职工先进工作者  □省部级劳动模范 □省部级先进工作者 □其他 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 说 明 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 惩罚处分情况 | 处 分 | | | | | | | □开除党籍 □开除公职 □刑事犯罪 □其他 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 说 明 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、组织生活、社会活动信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.参加组织生活情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在党支部 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 入党时间 | | | | | | | | | | | |  | | | | | | | | | | |
| 是否按时  缴纳党费 | | | | | □是 □否 | | | | | | | | | | | 是否担任  党组织职务 | | | | | | | | | | □是 □否 | | | | | | | | | 是否  脱离组织 | | | | | | | | | | | | □是 □否 | | | | | | | | | | |
| 上年度参加  组织活动次数 | | | | | | | | | | | | | | | | □0次 □1-5次 □6-10次 □10次及以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.志愿服务情况** □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在志愿  服务组织 | | | | | | | 主要服务项目 | | | | | | | | | | | | | | | 何时参加志  愿服务活动 | | | | | | | | | | | | | | | | 累计参加志  愿服务时数 | | | | | | | | | | | | | | 组织单位 | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |
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| 三、安置信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.无军籍离退休退职职工安置情况**□有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*参加工作  （入伍）时间 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | \*离退休时间 | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 成为军队  职工方式 | | | | | | | | | | | | | | □招工 □地方调入 □兵改工 □军转安置  □随军安置 □征地农转工 □接收大中专毕业生 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原单位 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原职级 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*离退休证件号码 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | \*安置地 | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 安置计划批次 | | | | | | | | | | | | | | □一批 □二批 □三批 □四批 □五批  □六批 □2015年度 □其他批次 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 接收时间 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 安置管理  单位性质 | | | | | | | | | | | | | | | | □政府管理 □军队管理 | | | | | | | | | | |
| 四、就业创业信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.就业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*就业状态 | | | | | | | | | □单位就业 □公益性岗位 □自由职业 □创业 □务农  □国家供养人员 □离退休 □学生 □无业 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*个人年收入  （元） | | | | | | | | | □0-10000 □10001-30000 □30001-50000 □50001-120000 □120000以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 家庭年收入  （元） | | | | | | | | | | | |  | | | | | |
| **2.单位就业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位类型 | | | | | | | | | □国家机关 □事业单位 □国有企业 □集体企业 □私营企业 □外资企业 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位类型 | | | | | | | | | □管理岗位□技术岗位 □临时岗位 □劳务工 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否新业态就业 | | | | | | | | | □是 □否 | | | | | | | | | | 新业态就业类型 | | | | | | | | | | | | | | | | □快递 □外卖 □网约车司机 □家政服务  □网店 □直播 □其他 | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | | | | | |  | | | | | | | | | | 单位地址 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时进入  现单位工作 | | | | | | | | |  | | | | | | | | | | 所属行业 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 劳务合同类型 | | | | | | | | | □无固定期限合同 □三年及以上有期限合同 □三年以下有期限合同  □未签订劳动合同 □不需要签订劳动合同 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **3.创业情况** | | | | | | | | | | | | | | | | | | | |
| 企业（项目）名称 | | | |  | | | | | | | 创业类型 | | | | | | □企业 □个体工商户 □项目筹划阶段 □其他 | | |
| 职 务 | □法人代表 □股东 □主要管理人 □合伙人 □其他 | | | | | | | | | | 法定代表人 | | | | | |  | | |
| 法定代表人联系方式 | | | |  | | 控股情况 | | | □国有控股 □集体控股 □私人控股  □港澳台商控股 □外商控股 □其他 | | | | | | | | | | |
| 统一社会信用代码 | | | |  | | 所属行业 | | |  | | | | | | | 成立时间  （注册时间） | | |  |
| 注册地址 | | | |  | | | | | | | | | 吸纳就业人数 | | | | | |  |
| 吸纳退役军人人数 | | | |  | | 资产总额  （万元） | | |  | | | | | 年营业  收入（万元） | | | | |  |
| 下(返)乡创业 | | | | □是 □否 | | 享受扶持  政策情况 | | |  | | | | | | | | | | |
| **4.公益性岗位情况** | | | | | | | | | | | | | | | | | | | |
| 岗位名称 | |  | | | 从事时间 | | |  | | | | 所属行业 | | | | | |  | |
| **5.自由职业情况** | | | | | | | | | | | | | | | | | | | |
| 职业名称 | |  | | | 从事时间 | | |  | | | | 所属行业 | | | | | |  | |
| **6.离退休情况** | | | | | | | | | | | | | | | | | | | |
| 离退休前单位 | | |  | | | 原单位地址 | | | |  | | | | | | | | | |
| 所属行业 | | |  | | | 退休时间 | | | |  | | | | | | | | | |
| **7.未就业情况** | | | | | | | | | | | | | | | | | | | |
| 未就业原因 | | | □准备考学 □准备创业 □家庭原因暂不考虑工作 □无工作意向，未找工作 □辞职 □暂未找到合适工作□被原单位辞退 □原公司破产、关闭 □身体原因不能工作 □其他 | | | | | | | | | | | | | | | | |
| 零就业家庭 | | | □是 □否 | | | | | | | | | | | | | | | | |
| **8.就业意向**□有 □无 | | | | | | | | | | | | | | | | | | | |
| 工作地区 | | | 行 业 | | | | 职 业 | | | | | | | | 薪 资 | | | | |
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| 五、抚恤优待信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.抚恤优待情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*人员类别 | | | | | | □烈士老年子女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □残疾军人 □伤残民兵民工 □伤残人民警察  □伤残预备役人员 □因公伤残人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □烈士遗属 □因公牺牲军人遗属 □病故军人遗属 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*享受优抚待遇情况 | | | | | | | | | | □定期抚恤金 □定期生活补助金 □定期护理费 □不享受 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*供养情况 | | | | □集中供养 □分散供养 □无 | | | | | | | | | | | | 供养单位 | | | | | | | | □优抚医院 □光荣院□社会福利机构 □其他 | | | | | | | | | | | | | |
| \*孤老情况 | | | | □是 □否 | | | | | | | | | | | | 孤儿情况 | | | | | | | | □是 □否 | | | | | | | | | | | | | |
| **2.烈士遗属情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*与烈士关系 | | | | |  | | | | | | | \*是否是持证人 | | | | | | | | | | □是 □否 | | | | | | | \*证明书编号 | | | | | |  | | |
| 烈士  情况 | \*姓 名 | | | |  | | | | | | | \*性 别 | | | | | | | |  | | | | | | | | | | \*出生日期 | | | | |  | | |
| 入伍日期 | | | |  | | | | | | | 生前所在单位 | | | | | | | |  | | | | | | | | | | 牺牲日期 | | | | |  | | |
| 牺牲原因 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 评定时间 | | | | |  | | |
| 评定烈士  单位 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 烈士安葬情况 | | | | | □境内 □境外 □不清楚 | | |
| 烈士安葬地 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.因公牺牲军人遗属情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*与因公牺牲  军人关系 | | | | | | | | |  | | | | \*是否是持证人 | | | | | | | | | | □是 □否 | | | | | | | | \*证明书编号 | | | | | |  |
| 因公牺牲军人情况 | | \*姓 名 | | | | | | |  | | | | \*性 别 | | | | | | | | | |  | | | | | | | | \*出生日期 | | | | | |  |
| 入伍日期 | | | | | | |  | | | | 生前所在单位 | | | | | | | | | |  | | | | | | | | 牺牲日期 | | | | | |  |
| 牺牲原因 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 认定时间 | | | | | |  |
| **4.病故军人遗属情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*与病故军人关系 | | | | | | | | |  | | | | \*是否是持证人 | | | | | | | | | | □是 □否 | | | | | | | | 证明书编号 | | | | | |  |
| 病故军人情况 | | \*姓 名 | | | | | | |  | | | | \*性 别 | | | | | | | | | |  | | | | | | | | \*出生日期 | | | | | |  |
| 入伍日期 | | | | | | |  | | | | 生前所在单位 | | | | | | | | | |  | | | | | | | | 病故日期 | | | | | |  |
| 病故原因 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 认定时间 | | | | | |  |
| 六、褒扬激励信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.光荣牌悬挂情况** □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*光荣牌悬挂情况 | | | □是 □否 | | | | | | 申请悬挂时间 | | |  | | | | | 悬挂地址 | | | | | | | | |  | | | | | | | | | | | |
| 悬挂时间 | | |  | | | | | | | | 是否取消 | | | □是□否 | | | | 是否更换 | | | | | | | | | □是 □否 | | | | | 更换时间 | | | |  | |
| **2.接受慰问情况** □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 慰问时间 | | | | | | | 慰问方式 | | | | | | | | | | | | | | 慰问单位 | | | | | | | | | | | | | | | | |
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| **3.荣誉激励情况** □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受邀参加国家重大庆典和纪念活动情况 | | | | | | | 时间 | | | | | | 活动名称 | | | | | | | | | | | | | | | | | | | 备注 | | | | | |
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| 受邀参加地方重大庆典和纪念活动情况 | | | | | | | 时间 | | | | | | 活动名称（省市） | | | | | | | | | | | | | | | | | | | 备注 | | | | | |
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| 受邀参加军队重大庆典和纪念活动情况 | | | | | | | 时间 | | | | | | 活动名称 | | | | | | | | | | | | | | | | | | | 备注 | | | | | |
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| 其他荣誉  激励情形 | | | | | | |  | | | | | | | | | | | | 纳入地方志情况 | | | | | | | | |  | | | | | | | | | |
| **4.受邀参加爱国主义及国防教育活动情况**□有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 活动类型 | | | | | | | | 活动名称 | | | | | | | 邀请单位 | | | | | | | | | | 时间 | | | | | | | | | 备注 | | | |
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| **5.褒扬宣传情况** □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 宣传方式 | | | | | | | | 宣传内容 | | | | | | | 宣传媒体 | | | | | | | | | | 时间 | | | | | | | | | 备注 | | | |
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| **6.公墓安葬意愿情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否符合条件 | | | | | | | | □是 □否 | | | | | | | 是否愿意申请军人公墓 | | | | | | | | | | | | | | | | | | □是 □否 | | | | |
| 七、帮扶援助信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.政策保障情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*享受政策情况 | | | | | | | | | □低保 □特困 □不享受政策保障情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.困难情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 困难类型 | | | | | | | | | □就业困难 □医疗困难 □养老困难 □住房困难 □教育困难  □其他困难（因灾害、事故、见义勇为等突发事件造成的困难） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 困难情况说明 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.帮扶情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帮扶日期 | | | | | | | | | 帮扶措施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 帮扶结果 | | | | | | | | | □已脱困 □未脱困 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 八、本人签字 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人签字 | | | | | | | | 以上信息均由本人根据自己实际情况填写  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |