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| **特殊困难老年人探访关爱服务记录表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | | |  | |  | |  | | |  |  | | | | |  |  |  | |  | | 年 月 日 | | | | |
| **一、探访对象基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | | | | 县 （市、区、旗） 乡镇（ 街道） 村 （居） | | | | | | | | | | | | | | | | | | 是否居住在户籍所在地 | | | | | | □是 □否 | | |
| 被探访人姓名 | | | |  | | | 联系电话 | | | | | |  | | | | | | 紧急联系人 | | |  | | | | 联系电话 | |  | | |
| 是否残疾 | | | | □是 □否 | | | 残疾人证号 | | | | | |  | | | | | | 是否独居、空巢 | | | | | | | □是 □否 | | | | |
| 是否留守 | | | | □是 □否 | | | 是否失能 | | | | | | □是 □否 | | | | | | 是否计划生育特殊家庭老年人 | | | | | | | □是 □否 | | | | |
| **二、家庭基本情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 姓名 | | | 性别 | | | 公民身份号码 | | | | | | | | | 与户主关系 | | | | 健康状况 | | | | | 是否为低保对象  /特困人员 | | | | |
| 户主 | |  | | |  | | |  | | | | | | | | |  | | | |  | | | | |  | | | | |
| 2 | |  | | |  | | |  | | | | | | | | |  | | | |  | | | | |  | | | | |
| 3 | |  | | |  | | |  | | | | | | | | |  | | | |  | | | | |  | | | | |
| **三、家庭生活条件** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 饮水是否安全 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活用电是否安全 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房是否安全 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭每月收入（元） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭每月领取养老保险、社会救助和社会福利补贴等情况 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、已享受帮扶情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帮扶单位（组织） | | | | | | | | | | | □党政机关、群团组织 □乡镇（街道）、村（居）民委员会  □企业 □社会组织 □专业社会工作者 □志愿者  □其他 | | | | | | | | | | | | | | | 帮扶责任人 | | | |  |
| 帮扶措施： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **五、探访情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第 次开展探访  年 月 日 | | | | | | | | | 探访方式 | | | | | □ 电话问候 □ 上门探访 □ 互联网音（视）频探访 □ 其他 | | | | | | | | | | | | | | | | |
| 家庭状况 | | | | | 家庭人口 | | | | | | □ 无变化 □ 增加 人 □ 减少 人 | | | | | | | | | | |
| 健康状况 | | | | | 表达能力 | | | | | | □ 无变化 □ 较好 □ 较差 | | | | | | | | | | |
| 行动能力 | | | | | | □ 无变化 □ 较好 □ 较差 | | | | | | | | | | |
| 疾病状况 | | | | | | □ 无变化 □ 严重 疾病名称： □ 转好 | | | | | | | | | | |
| 精神状态 | | | | | 情绪状态 | | | | | | □ 无变化 □ 较好 □ 较差 | | | | | | | | | | |
| 安全情况 | | | | | 燃气安全 | | | | | | □ 安全 □ 较安全 □ 不安全 | | | | | | | | | | |
| 水暖安全 | | | | | | □ 安全 □ 较安全 □ 不安全 | | | | | | | | | | |
| 用电安全 | | | | | | □ 安全 □ 较安全 □ 不安全 | | | | | | | | | | |
| 卫生状况 | | | | | 个人卫生 | | | | | | □ 无变化 □ 较好 □ 较差 | | | | | | | | | | |
| 家庭卫生 | | | | | | □ 无变化 □ 较好 □ 较差 | | | | | | | | | | |
| 居住环境 | | | | | 室内环境 | | | | | | □ 无变化 □ 较好 □ 较差 | | | | | | | | | | |
| 老年人服务需求： | | | | | | | | | | | | | | | | | | | | | |
| 实施关爱服务建议： | | | | | | | | | | | | | | | | | | | | | |
| 探访人员（签字） | | | | | | | | | 被探访人（签字） | | | | | | 信息录入人  （签字） | | | | | 年 月 日 | |
| **六、关爱服务情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第 次开展关爱  年 月 日 | | | | | | | | | 关爱服务情况：  服务人员签字（盖章）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
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| 老年人服务满意度评价： | | | | | | | | | | | | | | | | | | | | | |
| 备注：此表一式两份，县级民政部门、乡镇（街道）各存档一份。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |