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| Asmeninio asistento paslaugų organizavimo ir teikimo tvarkos  aprašo |
| 1 priedas |

**(Asmeninio asistento paslaugų prašymo forma)**

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| ASMUO, KURIS PAGEIDAUJA GAUTI ASMENINIO ASISTENTO PASLAUGAS | | | | | | | | | | | | | | | | | | | | | | | | |
| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Asmens kodas |  |  |  |  |  |  |  |  |  |  |  |  |

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| Deklaruotos gyvenamosios vietos adresas1 | Deklaravimo data ar asmens (šeimos) įrašymo į gyvenamosios vietos neturinčių asmenų apskaitą data1 |
|  | Telefono Nr. |
|  | El. paštas |

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| Asmens faktinės gyvenamosios vietos adresas | Telefono Nr. |
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*1 Duomenys gaunami iš valstybės ir žinybinių registrų bei valstybės informacinių sistemų.*

ASMUO, KURIAM GALI BŪTI TEIKIAMA INFORMACIJA APIE PRIIMTUS SPRENDIMUS

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| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Asmens kodas |  |  |  |  |  |  |  |  |  |  |  |  |

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| Deklaruotos gyvenamosios vietos adresas | Telefono Nr. |
|  | El. paštas |
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Klaipėdos miesto savivaldybės administracijos

Socialinių reikalų departamento Socialinės paramos skyriui

**PRAŠYMAS asmeninio asistento paslaugoms gauti**

20 \_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

Prašau suteikti asmeninio asistento paslaugas ⬜ *(žymėti 🗵)*.

Pareiškėjas

arba jo vienas iš tėvų (įtėvių), vaikas (įvaikis)

globėjas (rūpintojas), sutuoktinis,

įgaliotas atstovas (pabraukti)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parašas) (Vardas ir pavardė)