**南通市困难职工及帮扶救助工作档案**

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| 职工编号 | | | | | — | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 困难  类别 | | | | | | | | | | 低保职工（证号） | | | | | | | | | | | | | 特困职工（证号） | | | | | | | | | | | | | 意外致困 | | | | | | | | | | |
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| 职工姓名 | | | | |  | | | | | | | | | | | 民族 | | | | | 性别 | | | | 政治面貌（√） | | | | | | | | | | | | | | | | | | | | | | 身份证号 | | | | | | | | | | | | | | | | | 健康状况 | | | | | | | | | | | | | 残疾类别 | | | | | |
| 中共党员 | | | | | | 共青团员 | | | | 群众 | | | | 民主党派 | | | | | | | | 良好 | | | | 患何种  疾　病 | | | | | | | | | 类别 | | | | 等级 | |
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| 职工身份状况（√） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 劳模类型（√） | | | | | | | | | | | | | | | | | | | 婚姻状况（√） | | | | | | | | | | | | | | 户口类型（√） | | | | | | | | | | | | |
| 在岗 | | | 下(待)岗 | | | | | | | | 失业 | 退休 | | | | | | 病退 | | | | | | 病休 | | | | | | 内退 | | | 农民工 | | | | 非劳模 | | | | | 全国 | | | | | | 省部级 | | | | | 地市级 | | | 已婚 | | 未婚 | | | | 离异 | | | | | 丧偶 | | | 非农户 | | | | 农业户 | | | | | 农改居 | | | |
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| 住房类型（√） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 建筑面积  （M2） | | | | | | | | 邮政编码 | | | | | | | | | | | | | | | 联 系 电 话 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 租住公房 | | | | 租住私房 | | | | | 租廉租房 | | | | | 自购房 | | | | | | | | 无房 | | | | | | 其他 | | | | | 单位 | | | | | | | | 家 庭  所在地 | | | | | | | 单位 | | | | | | | | | | 住宅 | | | | | | 手机（小灵通） | | | | | | | | | | |
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| 家庭详细地址 | | | | | | | | | | | | | | | | | | | | | | | | | | 工作单位（全称） | | | | | | | | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | 所属行业 | | | | 单位性质（√） | | | | | | | | | | | | | | | | | | | | | |
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| 企业状况（√） | | | | | | | | | | | | | 是否单亲  （√） | | | | | | | | | | | 是否进入医保（√） | | | | | | | | | | | | | | | | | | | | | 户口所在地  行政区划 | | | | | | | | | | | | | | | | | | | | | | 本人月平均收入 | | | | 家庭年度总收入 | | | | 家庭人口 | | | | | 家庭月人均收入 | | |
| 正常 | | 亏损 | | | | 改制 | | 破产  关闭 | | | | | 是 | | | | | | 否 | | | | | 否 | | | | | 是 | | | | | | | | | | | | | | | |
| 职工医保 | | | | | 居民医保 | | | | 新农合 | | | | | | |
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| 家庭成员情况 | 姓　名 | | | | | | | | | 关系 | | | | | 性别 | | | | | 政治面貌 | | | | | | | 身份证号 | | | | | | | | | | | | | | | | | 健康状况 | | | | | | | | 月收入 | | | 身份 | | | | | 工作单位或学校年级、班级 | | | | | | | | | | | | | | | | | | | | | | |
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| 是否有一定自救能力（） | | | | | | | | | | | | | | | | | | | | | | | 有（　　） | | | | | | | | | | | | | | | | | | | | 是否为零就业家庭（√） | | | | | | | | | | | | | | | | | | | | 是（） | | | | | | | | | | | | | | | | | | | |
| 无（　　　　） | | | | | | | | | | | | | | | | | | | | 否（　　） | | | | | | | | | | | | | | | | | | | |
| 致困主要原因(√) | | | | | | | 本人大病 | | | | | | | | | | 直系亲属大病 | | | | | | | | | | | | | | | 意外灾害 | | | | | | | | 子女上学 | | | | | | | | | | 残疾 | | | | 下岗失业 | | | | | | | | | | | 收入低无法维持基本生活 | | | | | | | | | | | | | 其他 | | | | |
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工作人员（签名）：　　　　　　　　　　　　　　　　　建档时间： 年 月