## 2023年春节领取失业保险金人员

## 家庭慰问申报表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | | | 性 别 | | | |  | | 联系电话 | | | | | |  | | | | | | | | | | |
| 社会保  障卡号 |  |  |  |  |  |  |  |  | |  |  | 身份证号 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户籍所在地 | 区 街道 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 患病类型  （请在对应项□内打√) | □恶性肿瘤□慢性肾衰竭（进行透析治疗的） □器官移植术后 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申领人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 街道劳动保障服务机构审核意见 | 经办人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区失业保险  经办机构  审核意见 | 审核人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1.本表请用黑色签字笔填写，要求字迹清晰。

2.本表一式一份，由区失业保险服务机构留存。