**SOLICITUD DE PLAZA EN RESIDENCIA**

|  |  |
| --- | --- |
| **FECHA DE SOLICITUD** |  |

**RESIDENTE MUNICIPIO: SI**  **No**

**DATOS PERSONALES:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre y apellidos** | | | | |  | | | | | | | | | | | | **sexo** | | | **H** | |  | | **M** | |  |
| **Grado dependencia** | | | | | **I**  **II**  **III** | | | | | | | **F. Nacimiento** | | | | | |  | | | | | | | | |
| **Lugar de procedencia** | | | | | |  | | | | | | | | | | **INCAPACITADO** | | | | | | | **Si**  **No** | | | |
| **DNI** |  | | | **Estado civil** | | | | |  | | | | | **Nº hijos** | | | | |  | | **V** |  | | | **M** |  |
| **Motivo del ingreso** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **En estos momentos residen en** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Tipo de ingreso** | | | **Voluntario**  **Involuntario** | | | | | | | | | | **Causas** | | | |  | | | | | | | | | |
| **Ha residido anteriormente en otro centro** | | | | | | | | | | | **Si**  **No** | | | | **Cual** | | | |  | | | | | | | | |
| **Es religioso** | | **Si**  **No** | | | | | **Religión** | | |  | | | | | | | | | | | | | | | | | |

**FAMILIARES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Persona de referencia** | | |  | | |
| **Relación con el solicitante** | |  | | **Tlf de contacto** |  |
| **Dirección** |  | | | | |

**OTROS:**

|  |  |  |
| --- | --- | --- |
| **Nombre** | **Parentesco** | **Tlf contacto** |
|  |  |  |
|  |  |  |
|  |  |  |

**OBSERVACIONES:**

|  |
| --- |
|  |

Firma del solicitante