**Ф-01/ІК-291/11/98**

Департамент соціальної політики Луцької міської ради

Від кого (відомості про фізичну особу)

Прізвище

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Ім’я

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По батькові

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Адреса

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Посвідчення

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Контактний номер телефону

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ЗАЯВА

про надання реабілітаційних послуг\*

Прошу направити\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(прізвище, ім'я, по батькові, місце проживання)

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до реабілітаційної установи:

(найменування реабілітаційної установи)

для отримання послуг з психологічної реабілітації.

До заяви додаю:

Пільгове посвідчення (копія).

Документ, що підтверджує безпосереднє залучення особи до виконання завдань АТО/ООС в районах її проведення (копія).

Паспорт громадянина України (оригінал та копії 1-2 ст., відмітки про місце реєстрації/документ, що підтверджує реєстрацію місця проживання у разі подання ID-картки).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ року \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(підпис заявника або його законного представника)

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(прізвище, ім'я, по батькові)

використання та обробку персональних даних за умови дотримання їх захисту відповідно до вимог Закону України “Про захист персональних даних”.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ року

(підпис) (дата)

\*Заповнює учасник антитерористичної операції або його законний представник.