\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(vārds, uzvārds / juridiskā persona)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(personas kods / reģistrācijas numurs)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(adrese korespondencei, pasta indekss)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(kontakttālrunis)

**DIENVIDKURZEMES NOVADA**

**SOCIĀLAJAM DIENESTAM**

**IESNIEGUMS**

Lūdzu piešķirt pabalstu medicīnisko izdevumu atmaksai\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Iesniegumam pievienoti izdevumus apliecinoši dokumenti ar personas rekvizītiem (vārds, uzvārds, personas kods):

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

\_\_\_.\_\_\_.\_\_\_\_\_. Kases čeks/rēķins/kvīts Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ apmērā;

Pabalstu lūdzu pārskaitīt uz Kredītiestādes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

kontu Nr.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**vai**

izmaksāt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kasē.

**Ar savu parakstu apliecinu, ka esmu informēts/a par manu datu izmantošanas mērķi un atļauju Dienvidkurzemes novada Sociālajam dienestam veikt manu datu apstrādi, vērsties valsts reģistros un citās datubāzēs, iegūt datus, kas tiks izmantoti informācijas pārbaudei, sociālo pakalpojumu vai sociālās palīdzības piešķiršanai un/vai ienākumu izvērtēšanai.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(datums) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts)