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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件1  新识别贫困户信息采集表 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一、基础信息 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址：\_\_\_\_\_\_\_\_\_\_省（区、市）\_\_\_\_\_\_\_\_\_\_市（地、州、盟）\_\_\_\_\_\_\_\_\_\_县（市、区、旗）\_\_\_\_\_\_\_\_乡（镇）\_\_\_\_\_\_\_村\_\_\_\_\_\_\_\_自然村（村民小组） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话：开户银行（选填）：银行账号（选填）： | | | | | | | | | | | | | | | | | | | | | | | | | |
| A23识别标准（单选）：□国家 | | | | | | | | | | |  | | | | | | | | | | | | | | |
| A25军烈属： | | | | □是□否 | | | | | | |  | | | | | | | | | | | | | | |
| 二、家庭成员信息 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | A1 姓名 | A2 性别 | A3 证件类型 | A4 居民身份证(残疾人证) 号码 | | A5 与户主关系 | | A6 民族 | A7 政治面貌 | A8 文化程度 | A9在校生状况 | A10健康状况 | | A11 劳动技能 | A12务工区域 | A13务工时间 | A14 失学或辍学原因 | | A15 是否会讲普通话 | A16 是否参加城乡居民基本养老保险 | A17 是否参加城乡居民基本医疗保险 | A18 是否参加大病保险 | A19 是否享受农村居民最低生活保障 | A20 是否参加商业补充医疗保险 | A51是否接受医疗救助 |
| 1 |  |  |  |  | | 户主 | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 2 |  |  |  |  | |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 3 |  |  |  |  | |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 三、致贫原因(可扩充） | | | | | | | | | | | | | | | | | | | | | | | | | |
| A27a致贫原因1(单选项):□因病□因残□因学□因灾□因婚□因丧□缺土地□缺水□缺技术□缺劳动力□缺资金□交通条件落后□自身发展动力不足 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A27b致贫原因2(单选项):□因病□因残□因学□因灾□因婚□因丧□缺土地□缺水□缺技术□缺劳动力□缺资金□交通条件落后□自身发展动力不足 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A27c致贫原因3(单选项):□因病□因残□因学□因灾□因婚□因丧□缺土地□缺水☑缺技术□缺劳动力□缺资金□交通条件落后□自身发展动力不足 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 四、收入情况 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A28 工资性收入（元） | | | | |  | | | A29 转移性收入（元） | | | | |  | | | A29d 养老保险金（元） | | | | | |  |  | | |
| A30 生产经营性收入（元） | | | | |  | | | A29a 计划生育金（元） | | | | |  | | | A29e 生态补偿金（元） | | | | | |  |  | | |
| A31 财产性收入（元） | | | | |  | | | A29b 低保金（元） | | | | |  | | | A29f 其他转移性收（元） | | | | | |  |  | | |
| A31a资产收益扶贫分红收入（元） | | | | |  | | | A29c 特困供养金（元） | | | | |  | | |  | | | | | |  |  | | |
| A31b其他财产性收入（元） | | | | |  | | | A32 生产经营性支出（元） | | | | |  | | |  | | | | | |  |  | | |
| 五、生产生活条件 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A33耕地面积（亩） | | | | |  | | A34 牧草地面积（亩） | | | | | |  | | | A35 水面面积（亩） | | | | | |  |  | | |
| A36 林地面积（亩） | | | | |  | | A36a退耕还林面积(亩) | | | | | |  | | | A36b林果面积（亩） | | | | | |  |  | | |
| A37 入户路类型 | | | | |  | | A38 与村主干路距离（公里） | | | | | |  | | | A39 是否加入农民专业合作组织 | | | | | | □是□否 |  | | |
| A40危房等级 | | | | |  | | A41 住房面积（平方米） | | | | | |  | | | A42是否通生活用电 | | | | | | □是□否 |  | | |
| A43 是否有卫生厕所 | | | | | □是□否 | | A44 是否解决安全饮用水 | | | | | | □是□否 | | | A45 主要燃料类型 | | | | | |  |  | | |
| A46是否有龙头企业带动 | | | | | □是□否 | | A47是否有创业致富带头人带动 | | | | | | □是□否 | | | A48是否通广播电视 | | | | | | □是□否 |  | | |
|  | | | | |  | |  | | | | | |  | | |  | | | | | |  |  | | |
| 六、帮扶责任人 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 姓名 | | 性别 | | 政治面貌 | | | 帮扶（选派）单位名称 | | | | 帮扶开始时间 | | | | 帮扶结束时间 | | | | 联系电话 | | | |
| 1 | | |  | |  | |  | | |  | | | |  | | | |  | | | |  | | | |

填表人：联系电话：户主签名：填表日期：年月日