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|  |  | | | | | **Demande d'aide financière** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Identification du bénéficiaire** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | N° de sécurité sociale | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date de naissance | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |  | |  |  |  | |
|  |  | | Nom d'usage | |  | | | | | | | | | | | | | | Nom Patronymique | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | Prénom | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
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|  | **Identification de l'assuré** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | Droits ouverts jusqu'au | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  |  | |  |  | | | | | |  | |  | | |  | | | | | |  |  | | |  | |  |  |  | |
|  |  | | Caisse de rattachement | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Régime | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |  |  |  | |
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|  |  | | Adresse | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | Code postal | |  | | | | | | | | | | | | | | Ville | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | |  | |  | | |  | | | | | |  |  | | |  | |  |  |  | |
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|  |  | | Téléphone Portable | | |  | |  | | | | | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | Mail | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  |  | | Téléphone Domicile | | |  | |  | | | | | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | |  | | |  |  | |  | | |  | | | | | | | | |  |  | |  |  | | | | | |  | |  | | |  | | | | | |  |  | | |  | |  |  |  | |
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|  | **Composition de la famille** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | Situation familiale | | |  | |  | | | | | | | | | | | | |  | |  | |  | | | | | | | Nombre de personnes vivant au foyer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |  | | |  | |  |  |  | |
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|  |  | | | | | **Demande d'aide financière** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Objet de la demande** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | Date de la demande | | | | | | | | | | |  |  | | | | | | | | | |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
|  |  | | Nature de la demande | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | |  | | | Dispositif sollicité | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  |  | | |  | |  | |
|  |  | | Montant de l'aide sollicité | | | | | | | | | | |  |  | | | | | | | | | |  |  | |  |  | |  | | | |  | | | Etablie par | | | | | | | | | | | | Organisme | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  |  | | |  | |  | |
|  |  | | Versement à effectuer à | | | | | | | | | | |  |  |  | | | | l'Assuré | | | |  |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | | Nom | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  |  | | |  | |  | |
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|  |  | | S'agit-il d'une première demande ? | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | Cette demande fait-elle suite à une hospitalisation ? | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | | Date de l'hospitalisation | | | | | | | | | | | | | | | | |  |  | | | | | | | | |  |  | | |  | |  | |
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|  |  | | Bénéficiaire : | | | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | de l'aide médicale d'état | | | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | de l'aide à la complémentaire santé (ACS) | | | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | Organisme complémentaire santé : | | | | | | | | | | | | | | | | | | |  | |  |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | Adhérent à une mutuelle ou à un organisme | | | | | | | | | | | | | | | | | | | | | |  |  | |  |  | |  | | | |  | | |  | | | |  | | |  | |  | | |  | |  | |  |  | | |  | |  | |
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|  |  | | Bénéfice d'un remboursement ou d'une aide financière ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | Avez-vous sollicité une aide pour le même motif auprès d'autres organismes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | |  |  |  |  | |  | |  |  | |  |  | | | | | |  |  | | |  | |  | |
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|  |  | | | | | | **Demande d'aide financière** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | **Budget du ménage :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | RESSOURCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CHARGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  |  | La commission de surendettement est-elle saisie ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | Oui | | | | | | | | |  |  | | | | Non | | | | | | | |  | Date saisine : | | | | | | | | | | | |  |  | | | |
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|  | **Evaluation sociale** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | **Décision** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | Date de la commission | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Commentaire | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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