

***Allegato 1***



**SCHEDA ANAGRAFICA**

**PERSONE E FAMIGLIE IN SITUAZIONI DI POVERTA’ O DIFFICOLTA’**

***per far fronte alle conseguenze economiche e sociali provocate dall’emergenza Covid-19***

Data Apertura Scheda |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|

□ barrare la casella se l’utente non è inserito in OSPOWEB

Se inserito indicare il Codice ID OSPOWEB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cognome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Tipo Documento (*Allegare copia*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_N°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rilasciato da: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ valido fino a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nazionalità \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permesso di soggiorno N° (Allegare Copia) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data di nascita \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Luogo di nascita \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cellulare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Stato civile |  | Celibe o nubile |  | Divorziato/a |
|  | Coniugato/a |  | Vedovo/a |
|  | Separato/a legalmente |   | Altro: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Condizione professionale |  | Occupato |  | Inabile parziale o totale al lavoro | **Se occupato, specificare:** Dipendente Atipico Autonomo Voucher/tirocinio/Borse lavoro/Stage Altra posizione lavorativa regolare |
|  | In servizio civile |  | Pensionato/a |
|  | Casalinga |  | Disoccupato in cerca di NUOVA/PRIMA occupazione |
|  | Studente |  | Altra posizione, lavoro di tipo irregolare |

**Coniuge**

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| --- | --- |
| Cognome  | Nome |
| Sesso  Femminile  Maschile | Data di nascita: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| |
| Nazione di nascita | Comune di nascita |
|  Codice fiscale |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| Relazione con l’assistito Coniuge  Genitore  Figlio/a Fratello/sorella  Convivente  Altro |  Appartiene al nucleo familiare  Incluso nel modello Isee  |

**Altri componenti del nucleo familiare**

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**Bisogni (*se lo spazio non è sufficiente è possibile allegare una Relazione*)**

**Problemi di Occupazione/lavoro**

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**Povertà/problemi economici**

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**Problemi di salute**

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**INFORMATIVA SUL TRATTAMENTO DEI DATI PERSONALI AI SENSI DEL REG. UE N. 2016/679 (“GDPR”)**

*Il/La sottoscritto/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ è informato/a ai sensi dell’art. 13 del Decreto Legislativo 30 giugno 2003, n. 196 “Codice in materia di protezione dei dati personali” e dell’art. 13 del GDPR (Regolamento UE 2016/679), che i dati personali raccolti nella presente scheda saranno utilizzati dalla Caritas diocesana, anche con l’ausilio di mezzi elettronici, per le finalità istituzionali. La firma posta in calce costituisce consenso a tale uso ai sensi dell’art 13 giugno 2003 e dell’art. 13 del GDPR (Regolamento UE 2016/679).*

*Lì, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Il richiedente autorizza la Diocesi al trattamento dei propri dati personali

Firma del Richiedente

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



***Allegato 1 bis***



**RICHIESTA DI CONTRIBUTO**

 **PERSONE E FAMIGLIE IN SITUAZIONI DI POVERTA’ O DIFFICOLTA’**

**per far fronte alle conseguenze economiche e sociali provocate dall’emergenza Covid-19**

La PARROCCHIA di \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ha ricevuto da parte di**

COGNOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nato/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C.F. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ città \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ prov. \_\_\_\_

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la richiesta di sostegno per:

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| **TIPOLOGIA (utenza, affitto, farmaci, ecc.)** | **SCADENZA** | [**€**](https://it.wikipedia.org/wiki/Simbolo_dell%27euro)**uro** |
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| **TOTALI** |  |  |

Si richiede alla Diocesi il contributo di €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Luogo e data Firma del Richiedente

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 EVENTUALI NOTE

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| **INSERIMENTO DATI OSPO** Centro di inserimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Dati del richiedente inseriti
* Aggiornamento dati al momento della richiesta
* CODICE IDENTIFICATIVO OSPO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **OPERATORI CHE HANNO EFFETTUATO L’ASCOLTO** | **FIRMA E TIMBRO DEL PARROCO** |
| **Nome e Cognome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Nome e Cognome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**N.B. Il contributo sarà corrisposto sul conto corrente della Parrocchia richiedente a mezzo bonifico.**

**La richiesta e la copia della ricevuta del pagamento effettuato dovranno pervenire al seguente indirizzo di posta elettronica:** **direttorecaritas@arcidiocesigaeta.it**

*Cell. Caritas: 3245356165 (WhatsApp H24 – nei giorni martedì e venerdì dalle ore 9.30 alle 13.00)*

 Firma e timbro del Direttore

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