NĪCAS NOVADA DOMES

SOCIĀLAJAM DIENESTAM

**IESNIEGUMS PABALSTAM IKMĒNEŠA IZDEVUMIEM TURPINOT MĀCĪBAS**

**(BĀRENIM UN BĒRNAM, KURŠ PALICIS BEZ VECĀKU GĀDĪBAS)**

Vārds, Uzvārds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Personas kods  |  |  |  |  |  |  | - |  |  |  |  |  |

Deklarētā adrese \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LV - \_\_\_\_\_\_\_\_\_

Faktiskā/ papildus adrese \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LV - \_\_\_\_\_\_\_\_\_

Tālrunis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Izziņas par sekmīgu mācību turpināšanu Nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lūdzu piešķirt:

|  |  |
| --- | --- |
|  | pabalstu ikmēneša izdevumiem |

Piešķirto pabalstu vēlos saņemt:

 □ ar pārskaitījumu uz bankas kontu:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Konta numurs

 □ izmaksājot skaidrā naudā: □ **Nīcas** pagasta kasē

 □ **Otaņķu** pagasta kasē

Iesniegums,tiks izskatīts Sociālā dienesta sēdē 20\_\_\_.gada \_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **pabalstu** varēsiet saņemt sākot ar 20\_\_\_.gada \_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Iesniegumam pievienoju šādus dokumentus vai to kopijas:

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

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Piekrītu, ka par pozitīvu lēmumu tieku iepazīstināts/ta **mutiski** □**jā;** □**nē**

*Saskaņā ar Vispārīgās datu aizsardzības regulu 2016/679/(GDPR), piekrītu un dodu piekrišanu manu datu apstrādei, izmantojot valsts un pašvaldību datu bāzes.*

*Jūsu personas datu apstrādes mērķis-* ***PIEŠĶIRT PABALSTU IKMĒNEŠA IZDEVUMU SEGŠANAI***

20\_\_.gada \_\_\_.\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /iesniedzēja paraksts/

Iesniegumu pieņēma: Sociālās darba speciālists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (datums, paraksts)