**DOM ZA STARIJE OSOBE KORČULA  
ULICA 58. BR.2, 20260 KORČULA**

**ZAHTJEV ZA SMJEŠTAJ U DOM ZA STARIJE OSOBE  
KORČULA**

**IME I PREZIME ( rođeno prezime ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IME OCA I MAJKE ( rođeno prezime ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JMBG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BROJ OSOBNE ISKAZNICE I MJESTO IZDAVANJA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATUM I MJESTO ROĐENJA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRŽAVLJANSTVO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADRESA I BROJ TELEFONA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRAČNO STANJE ( ime i prezime supružnika ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOLBU PREDAJEM:**

1. **Jer mi je smještaj neophodan**
2. **Želim da me stavite na listu čekanja, a o potrebi ću vas obavijestiti.**

**STAMBENI STATUS:**

1. **vlastita kuća ili stan**
2. **stanarsko pravo**
3. **sustanar**
4. **podstanar**
5. **bez stana**

**IMATE LI DJECE, KOLIKO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ČLANOVI UŽE OBITELJI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ime i prezime, adresa, broj mobitela/telefona:**

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**ODNOSI S ČLANOVIMA OBITELJI: a)skladani b)poremećeni**

**ŠKOLSKA SPREMA I ZANIMANJE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VRSTA MIROVINE I MJESEČNI IZNOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TKO JE OBVEZNIK PLAĆANJA RAZLIKE SMJEŠTAJA:**

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**ADRESA I TELEFON OBVEZNIKA PLAĆANJA:**

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**ZDRAVSTVENO STANJE:**

**a) pokretan b) pokretan uz pomagalo c) nepokretan**

**d) kronične bolesti e) slabovidnost/sljepoća f) nagluhost/gluhoća**

**BOLUJETE LI OD PSIHIČKIH BOLESTI:**

1. **DA, od kojih\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **NE**

**NALAZITE LI SE POD SKRBNIŠTVOM:**

1. **DA, ime i prezime skrbnika \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **NE**

**RAZLOG ZAHTJEVA ZA SMJEŠTAJ:**

1. **bolest i nemoć b) invalidnost c) poremećeni obiteljski odnosi**
2. **osamljenost e) neprimjereni uvjeti stanovanja**
3. **ostalo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEKOLIKO RIJEČI O SEBI:**

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**MJESTO I DATUM: POTPIS:**

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