PODACI O PODNOSITELJU ZAHTJEVA

Osobno ime/naziv/tvrtka:

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Adresa:

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OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kontakt telefon/mobitel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail adresa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministarstvo rada, mirovinskoga sustava,

obitelji i socijalne politike

ZAHTJEV

za utvrđivanje minimalnih uvjeta za pružanje socijalnih usluga

Ovim putem podnosim/-o zahtjev za utvrđivanje minimalnih uvjeta koja se pružaju na adresi/-ama:

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Korisnička skupina: **trudnice ili roditelj s djetetom do godine dana života**

Socijalne usluge koje se pružaju (označiti s x):

[ ] usluga smještaja

 kapacitet: \_\_\_\_\_\_

[ ] usluga organiziranog stanovanja

 kapacitet: \_\_\_\_\_\_

U \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Podnositelj zahtjeva

 mjesto datum

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