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| **ANEXO III. INFORME SOCIAL. PROGRAMA DE REFUERZO DE LA ALIMENTACIÓN INFANTIL.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  |
| **1** | DATOS DE IDENTIFICACIÓN DE LA PERSONA MENOR DE EDAD | | | | | | | | | | | | | | | | | | | | |
| Apellidos y nombre | | | |  | | | | | | | | | | | | | | | | | |
| Fecha de nacimiento | | | |  | | | | | Lugar de nacimiento | |  | | | | | | | | | | |
| Datos del padre/tutor | | | |  | | | | | | | | | | | | | | | | | |
| Datos de la madre/tutora | | | |  | | | | | | | | | | | | | | | | | |
| Domicilio | |  | | | | | | | | | | | | | | C.P. | |  | | | |
| Localidad | |  | | | | | | | | | | Provincia | | | | |  | | | | |
| Centro Escolar | | |  | | | | | | | | | | | Curso | | | |  | | | |
| **2** | DESCRIPCIÓN DE LA UNIDAD FAMILIAR | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **3** | ANTECEDENTES EN SERVICIOS SOCIALES | | | | | | | | | | | | | | | | | | | | |
| Indicar si el/la menor y/o la familia ha sido y/o es objeto de intervención por parte de servicios sociales | | | | | | | | | | | | | | | | | | |  |  | |
| Si tienen expediente en SIUSS | | | | | |  | | Nº Expte: | |  | | | | | | | | | | | |
| Si pertenece al programa de familia | | | | | |  | |  | | | | | | | | | | | | | |
| **4** | SITUACIÓN ECONÓMICA | | | | | | | | | | | | | | | | | | | | |
| Los ingresos de la Unidad Familiar son inferiores al umbral para el acceso al Programa | | | | | | | | | | | | |  | |  | | | | | | |
| **5** | DIAGNÓSTICO PROFESIONAL Y PRONÓSTICO | | | | | | | | | | | | | | | | | | | | |
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| **6** | DATOS DE IDENTIFICACIÓN INSTITUCIONAL | | | | | | | | | | | | | | | | | | | | |
| Centro de Servicios Sociales | | | | |  | | | | | | | | | | | | | | | | |
| Fecha del Informe | | | | | | |  | | | | | | | | | | | | | | |
| Trabajador/a Social que emite el informe | | | | | | | | | | | | | | | | | | | | | |
| Nombre: | | | | | | | | | | | | | Firma: | | | | | | | | |