Turno:

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Hora: ...................

**SOLICITUD DE CERTIFICADO ÚNICO DE DISCAPACIDAD**

La evaluación por parte de la Junta Evaluadora Interdisciplinaria es presencial. La presente reviste carácter de DECLARACIÓN JURADA.

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| **CUIT/CUIL** |  |  | **-** |  |  |  |  |  |  |  |  | **-** |  |

**COMPLETAR Y MARCAR LO QUE CORRESPONDA**

**DATOS DE LA PERSONA A EVALUAR**

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| **APELLIDO/S** |
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| **NOMBRE/S** |
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**FECHA DE NACIMIENTO**

**SEXO**

**Masculino Femenino**

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**TIPO**

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| **NACIONALIDAD** |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **FECHA VENCIMIENTO** |  |  |  |  |  |  |  |  |

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| **Teléfono** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Nativo Naturalizado**

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| **TIPO DE RESIDENCIA** | **Transitoria****Temporaria** |  | **Permanente****Precaria** |  |
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| **DOMICILIO** |
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| **LOCALIDAD** |
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**No Trabaja**

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| **PROVINCIA** | **DEPARTAMENTO** |
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| **ESTADO CIVIL** |
| **Soltero Casado Separado Divorciado Viudo Unión civil / convivencial** |
|  |
| **CONDICION DE ACTIVIDAD** | **CATEGORIA DE ACTIVIDAD** |
|  |  |  | **Obrero o Empleado****Patrón (con personal a cargo) Trabajo por cuenta propia Trabajador Familiar** |
| **Trabaja****No aplicable** |  |  |  |
| **Busca trabajo****No busca trabajo** |  |
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| **SITUACION PREVISIONAL** |
|  |  | **Jubilado del Sistema Contributivo Pensionado del Sistema Contributivo Pensión No Contributiva / por invalidez Pensión No Contributiva / graciable** |  |  | **Pensión No Contributiva a la vejez Pensión No Contributiva ex combatientes Otra****Sin beneficio** |
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**SEGURIDAD SOCIAL**

**Obra**

**Social**

**Medicina**

**Prepaga**

**PAMI**

**Incluir Salud**

**(ex-Pro.Fe.)**

**Pública**

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| **NOMBRE DE LA OBRA SOCIAL O PREPAGA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NUMERO DE AFILIADO** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **ADQUIRIÓ VEHÍCULO A TRAVÉS DE LEY 19.279** | **SI** | **NO** |
| **POSEE SÍMBOLO INTERNACIONAL DE ACCESO** | **SI** | **NO** |

En caso de cumplir con todos los requisitos exigidos por el ordenamiento legal de asignaciones familiares: ¿La persona con discapacidad estaría interesada en percibir las asignaciones familiares vinculadas a la discapacidad a las que pudiese tener derecho?.

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| **FECHA** |  |  |  |  |  |  |  |  |

**Completar sólo en los casos que el**

**SI NO**

**solicitante no sea la persona a evaluar**

**PARA EL CASO DE PERSONAS A EVALUAR MAYORES DE EDAD:**

**Interesado/a con apoyo designado judicialmente** (art. 43 Código Civil y Comercial de la Nación).

**\* Interesado/a con apoyo extrajudicial** (art. 103 in fine Código Civil y Comercial de la Nación).

**Curador designado judicialmente** (art. 32 Código Civil y Comercial de la Nación).

**\* Nota Aclaratoria** “... En el ámbito extrajudicial el Ministerio Público actúa ante la ausencia, carencia

o inacción de los representantes legales, cuando están comprometidos los derechos

sociales, económicos y culturales”.

**PARA EL CASO DE PERSONAS A EVALUAR MENORES DE EDAD:**

**Madre Padre Tutor/Guardador (designado judicialmente)**

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| **NACIONALIDAD** |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Localidad** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **APELLIDO/S** |
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| **NOMBRE/S** |
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| **DOMICILIO** |
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**PROVINCIA**

**Nro. TELÉFONO**

**( )**

**En caso de Tutor, Guardador, Curador o Apoyo completar la siguiente información:**

**PROVISORIO DEFINITIVO Fecha de designación**

**JUZGADO**

**SECRETARÍA Depto. JUDICIAL**

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| **FISCALÍA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DEFENSORÍA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**LUGAR Y FECHA**

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| **FIRMA DEL INTERESADO / A****MADRE - PADRE - TUTOR - GUARDADOR - CURADOR - APOYO** | **ACLARACIÓN DE FIRMA** |