附件1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **新识别贫困户信息采集表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **一、基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址：\_\_\_\_\_\_\_\_\_\_\_省（区、市） \_\_\_\_\_\_\_\_\_\_\_市（地、州、盟） \_\_\_\_\_\_\_\_\_\_\_县（市、区、旗） \_\_\_\_\_\_\_\_\_乡（镇） \_\_\_\_\_\_\_村\_\_\_\_\_\_\_\_自然村（村民小组） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话： 开户银行（选填）： 银行账号（选填）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A23识别标准（单选）：□国家 | | | | | | | | | | | | | | | A24 贫困户属性（单选）：□一般贫困户 □低保贫困户 □特困供养贫困户 | | | | | | | | | | | | | | | | | | | | |
| A25军烈属： | | | | | □是 □否 | | A26 计划脱贫年度 | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |
| **二、家庭成员信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | A1 姓名 | A2 性别 | | A3 证件类型 | | A4 居民身份证(残疾人证) 号码 | | A5 与户主关系 | | | A6 民族 | A7 政治面貌 | | A8 文化程度 | | A9在校生状况 | A10健康状况 | | A11 劳动技能 | | A12务 工区域 | | A13务工时间 | A14 失学或辍学原因 | | A15 是否会讲普通话 | A16 是否参加城乡居民基本养老保险 | A17 是否参加城乡居民基本医疗保险 | | | A18 是否参加大病保险 | A19 是否享受农村居民最低生活保障 | | A20 是否参加商业补充医疗保险 | A21 是否享受人身意外保险补贴 |
| 1 |  |  | |  | |  | | 户主 | | |  |  | |  | |  |  | |  | |  | |  |  | |  |  |  | | |  |  | |  |  |
| 2 |  |  | |  | |  | |  | | |  |  | |  | |  |  | |  | |  | |  |  | |  |  |  | | |  |  | |  |  |
| 3 |  |  | |  | |  | |  | | |  |  | |  | |  |  | |  | |  | |  |  | |  |  |  | | |  |  | |  |  |
| 4 |  |  | |  | |  | |  | | |  |  | |  | |  |  | |  | |  | |  |  | |  |  |  | | |  |  | |  |  |
| 5 |  |  | |  | |  | |  | | |  |  | |  | |  |  | |  | |  | |  |  | |  |  |  | | |  |  | |  |  |
| 6 |  |  | |  | |  | |  | | |  |  | |  | |  |  | |  | |  | |  |  | |  |  |  | | |  |  | |  |  |
| **三、致贫原因(可扩充）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A27a致贫原因1(单选项):□因病 □因残 □因学 □因灾 □因婚 □因丧 □缺土地 □缺水 □缺技术 □缺劳动力 □缺资金 □交通条件落后 □自身发展动力不足 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A27b致贫原因2(单选项):□因病 □因残 □因学 □因灾 □因婚 □因丧 □缺土地 □缺水 □缺技术 □缺劳动力 □缺资金 □交通条件落后 □自身发展动力不足 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A27c致贫原因3(单选项):□因病 □因残 □因学 □因灾 □因婚 □因丧 □缺土地 □缺水 □缺技术 □缺劳动力 □缺资金 □交通条件落后 □自身发展动力不足 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **四、收入情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A28 工资性收入（元） | | | | | | |  | | | A29 转移性收入（元） | | | | | | | |  | | | | A29d 养老保险金（元） | | | | | | |  | | | |  | | |
| A30 生产经营性收入（元） | | | | | | |  | | | A29a 计划生育金（元） | | | | | | | |  | | | | A29e 生态补偿金（元） | | | | | | |  | | | |  | | |
| A31 财产性收入（元） | | | | | | |  | | | A29b 低保金（元） | | | | | | | |  | | | | A29f 其他转移性收（元） | | | | | | |  | | | |  | | |
| A31a资产收益扶贫分红收入（元） | | | | | | |  | | | A29c 特困供养金（元） | | | | | | | |  | | | |  | | | | | | |  | | | |  | | |
| A31b其他财产性收入（元） | | | | | | |  | | | A32 生产经营性支出（元） | | | | | | | |  | | | |  | | | | | | |  | | | |  | | |
| **五、生产生活条件** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A33耕地面积（亩） | | | | | | |  | | A34 牧草地面积（亩） | | | | | | | | |  | | | | A35 水面面积（亩） | | | | | | |  | | | |  | | |
| A36 林地面积（亩） | | | | | | |  | | A36a退耕还林面积(亩) | | | | | | | | |  | | | | A36b林果面积（亩） | | | | | | |  | | | |  | | |
| A37 入户路类型 | | | | | | |  | | A38 与村主干路距离（公里） | | | | | | | | |  | | | | A39 是否加入农民专业合作组织 | | | | | | | □是 □否 | | | |  | | |
| A40危房等级 | | | | | | |  | | A41 住房面积（平方米） | | | | | | | | |  | | | | A42是否通生活用电 | | | | | | | □是 □否 | | | |  | | |
| A43 是否有卫生厕所 | | | | | | | □是 □否 | | A44 是否解决安全饮用水 | | | | | | | | | □是 □否 | | | | A45 主要燃料类型 | | | | | | |  | | | |  | | |
| A46是否有龙头企业带动 | | | | | | | □是 □否 | | A47是否有创业致富带头人带动 | | | | | | | | | □是 □否 | | | | A48是否通广播电视 | | | | | | | □是 □否 | | | |  | | |
| **六、帮扶责任人** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | | 姓名 | | | | 性别 | | 政治面貌 | | | | 帮扶（选派）单位名称 | | | | | | | 帮扶开始时间 | | | | | 帮扶结束时间 | | | | | 联系电话 | | | | | |
| 1 | | |  | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |
| 2 | | |  | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |

填表人： 联系电话： 户主签名： 填表日期： 年 月 日