**Автономное учреждение социального обслуживания Удмуртской Республики "Республиканский центр социальной реабилитации и адаптации"**

**Карта реабилитации и ресоциализации потребителя наркотических средств**

к договору о социальном обслуживании №**\_\_*\_\_\_*\_**

**ИППСУ**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ №от ***\_\_\_\_\_\_\_\_***

**выдана:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

срок действия: с ***«\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_г***. по ***«\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_г***.

**Форма обслуживания:** *полустационар*

**Дата принятия на обслуживание:** *\_\_\_\_\_\_\_\_\_\_\_\_*

**Дата снятия с обслуживания:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ф.И.О.** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Дата рождения** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Адрес регистрации/проживания:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Контактный телефон (при наличии)** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Дополнительные контакты (при наличии)** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Группа инвалидности:**  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(при наличии справки МСЭ)

**Наличие документов при поступлении (нужное подчеркнуть):**

*паспорт, полис ОМС, СНИЛС, ИПР из РНД, заключение врача психиатра-нарколога, выписка из истории болезни, пенсионное удостоверение, справка об инвалидности, справка об освобождении, направление из УФСИН, приговор суда.*

**Материальная помощь**

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| **№** | **Вид услуги** | **Дата** | **Ответственный** |
| 1 | Содействие в получении мат. помощи |  |  |
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**1. Социально – медицинские услуги**

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| **№** | **Наименование услуги** | **Дата** | **Ответственный** |
| 1 | Консультирование по социально – медицинским вопросам |  |  |
| 2 | Содействие в бесплатном оказании мед. помощи (сопровождение в ЛПУ и для сдачи лабораторных исследований, вызов скорой помощи, запись к врачу, и т.д.) |  |  |
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| **Ксерокопия, сканирование, распечатка документов** | | | |
| 1 | Формирование личного дела |  |  |
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| **Составление акта обследования (в личное дело, на материальную помощь, акт материально – бытовой)** | | | |
| 1 | В личное дело |  |  |
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**2. Социально – правовые услуги**

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| **№** | **Наименование услуги** | **Дата** | **Ответственный** |
| **Оказание помощи в оформлении и восстановлении документов** | | | |
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| **Содействие в получении юридических услуг, в том числе бесплатной юридической помощи, в целях защиты прав и законных интересов (консультация, беседа)** | | | |
| 1 | Первичная консультация об условиях договора о предоставлении социальных услуг |  |  |
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| **Оказание юридических услуг в целях защиты прав и законных интересов** | | | |
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**3. Социально – психологические мероприятия**

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| **Социально-психологическая диагностика** | | | |
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| **Социально-психологическое консультирование** | | | |
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| **Психологическая помощь и поддержка** | | | |
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