**精准数据采集信息表（在乡老复员军人）**

填报单位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 精准分类 | | | | | | ★ | | | | | | | | | | 采集人 | | | | | |  | | | | | | | 采集单位 | | | | | | | | | |  | | | | |
| 姓名 | | | | ★ | | | | | | | | | | 性别 | | | | | | | | | | | | ★ | | | | | | | | | | | |  | | | | | |
| 出生日期 | | | | ★ | | | | | | | | | | 民族 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 身份证号码 | | | | ★ | | | | | | | | | | 曾用名 | | | | | | | | | | | |  | | | | | | | | | | | |
| 签发机关 | | | | ★ | | | | | | | | | | 身高 | | | | | | | | | | | |  | | | | | | | | | | | |
| 有效期 | | | | ★ | | | | | | | | | | 参加工作时间 | | | | | | | | | | | |  | | | | | | | | | | | |
| 户籍类别 | | | |  | | | | | | | | | | 户籍地址 | | | | | | | | | | | | ★ | | | | | | | | | | | | | | | | | |
| 籍贯 | | | | ★ | | | | | | | | | | | | | | | | | | | | | | 户主关系 | | | | | | | | | | | ★ | | | | | | |
| 家庭住址 | | | | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地址 | | | | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人大代表级别 | | |  | | | | | | | | 人大代表职务 | | | | | | | | | |  | | | | | | | | | 任职开始时间 | | | | | | | | | |  | | | |
| 政委委员级别 | | |  | | | | | | | | 政协委员职务 | | | | | | | | | |  | | | | | | | | | 任职开始时间 | | | | | | | | | |  | | | |
| 政治面貌 | | | | ★ | | | | | | | | | | 入党时间 | | | | | | | | | | | |  | | | | | | | | 党龄 | | | | | | | |  | |
| 所在支部 | | | |  | | | | | | | | | | 是否担任党组织职务 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 是否按时缴纳党费 | | | |  | | | | | | | | | | 是否按时参加组织生活 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | | | ★ | | | | | | | | | | 手机号 | | | | | | | | | | | | ★ | | | | | | | | | | | | | | | | | |
| 就业状态 | | | |  | | | | | | | | | | 就业单位 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 就业单位性质 | | | |  | | | | | | | | | | 参加工作时间 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 家庭固话 | | | |  | | | | | | | | | | 办公电话 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 紧急联系人电话 | | | |  | | | | | | | | | | QQ 号 | | | | |  | | | | | | | 微信号 | | | | | | |  | | | | | | | | | | |
| 电子邮箱 | | | |  | | | | | | | | | | 邮编 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 个人信息备注 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否港澳 | | | |  | | | | | | | | | | | | | | | | | 是否委托代办 | | | | | | | | | | | | |  | | | | | | | | | |
| 代办人姓名 | | | | ★ | | | | | | | | | | | | | | | | | 代办人身份证号码 | | | | | | | | | | | | | ★ | | | | | | | | | |
| **光荣牌悬挂情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 光荣牌申请悬挂时间 | | | | | | | | |  | | | | | | | | 光荣牌是否悬挂 | | | | | | | | | | | ★ | | | | | | | | | | | | | | | |
| 光荣牌悬挂时间 | | | | | | | | |  | | | | | | | | 悬挂地址 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 光荣牌是否取消 | | | | | | | | |  | | | 光荣牌是否更换 | | | | | | | | | | |  | | | | | 光荣牌更换时间 | | | | | | | | | | | | |  | | |
| **部队服役情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 类别 | | | | | | | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职务（级别） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人员类别 | | | | | | | ★ | | | | | | | | | | | | | 入伍时间 | | | | | | | | | | | |  | | | | | | | | | | | |
| 复员时间 | | | | | | |  | | | | | | | | | | | | | 军龄 | | | | | | | | | | | |  | | | | | | | | | | | |
| 是否抗美援朝 | | | | | | |  | | | | | | | | | | | | | 原部队名称（番号） | | | | | | | | | | | |  | | | | | | | | | | | |
| 原部队代号 | | | | | | |  | | | | | | | | | | | | | 原职级类型 | | | | | | | | | | | | 行政军官 专业技术军官 专业技术文职干部 管理类文职干部 | | | | | | | | | | | |
| 原职级 | | | | | | |  | | | | | | | | | | | | | 兵种 | | | | | | | | | | | |  | | | | | | | | | | | |
| 二次入伍情况 | | | | | | | ★ | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **安置情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置地 | | | | | | | ★省 市 县（市区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 安置计划年度 | | | | | | |  | | | | | | | | | | | | | 档案接收时间 | | | | | | | | | | | |  | | | | | | | | | | | |
| 复员证件类型 | | | | | | | ★ | | | | | | | | | | | | | 证件号码 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 复员证件照片 | | | | | | | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **享受待遇情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 供养情况 | | | | | | | 分散供养 集中供养 | | | | | | | | | | | | | 供养单位 | | | | | | | | | | | | 供养情况为集中供养则展示 | | | | | | | | | | | |
| 供养单位地址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否享受国家抚恤补助金 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 享受待遇状态 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 优抚待遇批准日期 | | | | | | |  | | | | | | | | | | | | | 优抚证件号码 | | | | | | | | | | | |  | | | | | | | | | | | |
| 优抚证件照片 | | | | | | |  | | | | | | | | | | | | | 抚恤补助金情况 | | | | | | | | | | | |  | | | | | | | | | | | |
| 待遇发放类型 | | | | | | |  | | | | | | | | | | | | | 是否社会化发放 | | | | | | | | | | | |  | | | | | | | | | | | |
| 抚恤补助金额 | | | | | | |  | | | | | | | | | | | | | 银行账号 | | | | | | | | | | | |  | | | | | | | | | | | |
| 开户名称 | | | | | | |  | | | | | | | | | | | | | 银行名称 | | | | | | | | | | | |  | | | | | | | | | | | |
| 享受抚恤亲属人口数 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **奖惩情况 （有则展示没有则不展示）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 表彰 | | | | | | | 中央军委实施的表彰 军委机关部门实施的全军性表彰 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 表彰名称 | | | | | | |  | | | | | | | | | | | | | 表彰次数 | | | | | | | | | | | |  | | | | | | | | | | | |
| 表彰证件（照片） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖励 | | | | | | | 无 一等功 二等功 三等功 嘉奖 全军士官优秀人才奖 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖励证件（照片） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖励时期 | | | | | | |  | | | | | | | | | | | | | 奖励次数 | | | | | | | | | | | |  | | | | | | | | | | | |
| 党纪处分 | | | | | | |  | | | | | | | | | | | | | 军纪处分 | | | | | | | | | | | |  | | | | | | | | | | | |
| **伤残情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 负伤属别 | | | | | | | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 负伤时间 | | | | | | |  | | | | | | | | | | | | | 负伤时所在部队 | | | | | | | | | | | |  | | | | | | | | | | | |
| 负伤地点 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评残时间 | | | | | | | ★ | | | | | | | | | | | | | 伤残证件号 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 伤残证件照片 | | | | | | | ★ | | | | | | | | | | | | | 致残原因 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 残疾证件有效起始时间 | | | | | | | | | | ★ | | | | | | | | | | 残疾证件有效截止时间 | | | | | | | | | | | | | | | ★ | | | | | | | | |
| 伤残性质 | | | | | | | ★ | | | | | | | | | | | | | 伤残等级 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 伤残部位 | | | | | | | ★ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否精神病评残 | | | | | | | ★ | | | | | | | | | | | | | 是否职业病评残 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 是否配置辅助器具 | | | | | | |  | | | | | | | | | | | | | 配置时间 | | | | | | | | | | | |  | | | | | | | | | | | |
| 配置种类 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 变动种类 | | | | | | |  | | | | | | | | | | | | | 注销/变更时间 | | | | | | | | | | | |  | | | | | | | | | | | |
| 变动后伤残证件号码 | | | | | | |  | | | | | | | | | | | | | 变动后伤残等级 | | | | | | | | | | | |  | | | | | | | | | | | |
| 变动伤残部位 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 变动后伤残证件照片 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **伤残军人享受待遇情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 供养方式 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 供养单位 | | | | | | | 供养方式为集中供养下拉三个标红字段 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 供养单位地址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 轮养次数 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 残疾抚恤金发放银行 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 银行账号 | | | | | | |  | | | | | | | | | | | | | 发放金额 | | | | | | | | | | | |  | | | | | | | | | | | |
| 护理费 | | | | | | |  | | | | | | | | | | | | | 金额 | | | | | | | | | | | |  | | | | | | | | | | | |
| **受教育情况：全日制学历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教学机构 | | | | | 专业 | | | | | | | | | | 学历（照片） | | | | | | | | | 学位 | | | | | | | | 时间 | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | ★ | | | | | | | | |  | | | | | | | | 2010.07.01-2015.09.01 | | | | | | | | | | | |
| **受教育情况：继续教育** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教学机构 | | | | | 专业 | | | | | | | | | | 学历（照片） | | | | | | | | | 学位（照片） | | | | | | | | 时间 | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | 2010.07.01-2015.09.01 | | | | | | | | | | | |
| **身体状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康状况 | | | | | | | ★ | | | | | | | | | | | 疾病种类 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 患病信息 | | | | | | |  | | | | | | | | | | | 劳动能力 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 优抚生活能力 | | | | | | |  | | | | | | | | | | | 是否参加职业健康体检 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 上次查体时间 | | | | | | |  | | | | | | | | | | | 本次查体时间 | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **退役后残疾情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 评残时间 | | | | | | |  | | | | | | | | | | | 残疾部位 | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 残疾等级 | | | | | | |  | | | | | | | | | | | 残疾证件照片 | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 残疾证件号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 证件有效期 | | | | | | |  | | | | | | | | | | | 是否配置辅助器具 | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 配置时间 | | | | | | |  | | | | | | | | | | | 配置方式 | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 是否职业病评残 | | | | | | |  | | | | | | | | | | | 享受残疾人两项补贴 | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 是否享受护理费 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **生活状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活状况 | | | | | | | 良好 一般 差 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房情况 | | | | | | |  | | | | | | | | | | | | | 始建时间 | | | | | | | | | | | |  | | | | | | | | | | | |
| 建筑面积 | | | | | | |  | | | | | | | | | | | | | 房屋结构 | | | | | | | | | | | |  | | | | | | | | | | | |
| 上年度家庭收入/月 | | | | | | | ★ | | | | | | | | | | | | | 上年个人收入/月 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 享受社会救助 | | | | | | | 特困人员 低保 建档立卡贫困户 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个案帮扶 | | | | | | | ★为是下拉下面标红字段展开，否则不展开 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帮扶主体 | | | | | | | ★ | | | | | | | | | | | | | 帮扶方式 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 帮扶金额 | | | | | | | ★ | | | | | | | | | | | | | 援助经费补贴来源 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 帮扶时间段 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否孤老 | | | | | | | ★ | | | | | | | | | | | | | 是否孤儿 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 是否低保 | | | | | | | ★ | | | | | | | | | | | | | 是否五保户 | | | | | | | | | | | | ★ | | | | | | | | | | | |
| 单位地址 | | | | | | |  | | | | | | | | | | | | | 单位电话 | | | | | | | | | | | |  | | | | | | | | | | | |
| **社保缴纳情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 养老保险类型 | | | | | | | ★ | | | | | | | | | | | | | 现参保地 | | | | | | | | | | | |  | | | | | | | | | | | |
| 参加养老保险时长 | | | | | | |  | | | | | | | | | | | | | 是否在中断情况 | | | | | | | | | | | |  | | | | | | | | | | | |
| 养老保险中断时断 | | | | | | | 存在中断展示 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗保险类型 | | | | | | | ★ | | | | | | | | | | | | | 现参保地 | | | | | | | | | | | |  | | | | | | | | | | | |
| 医疗保险号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加医保时长 | | | | | | |  | | | | | | | | | | | | | 是否存在中断情况 | | | | | | | | | | | |  | | | | | | | | | | | |
| 医疗保险中断时段 | | | | | | | 存在中断展示 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员情况（可拓展，随人数增加）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 性别 | | | | | | | 民族 | | | | | 关系 | | | | | | 身份证号 | | | | | | | | | | | | | | | | | 工作单位 | | | | | | | |
|  |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
| 家庭成  员人数 | |  | | | | | | 18岁(含)以下人数 | | | | |  | | | | | | 60岁(含)  以上人数 | | | | | |  | | | | | | 先天性残疾子女人数 | | | | | | | | | | | |  |