**Приложение № 4**

към чл. 19, ал. 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | ДО | |  | ДИРЕКТОРА НА ДИРЕКЦИЯ | |  | „СОЦИАЛНО ПОДПОМАГАНЕ“ – | |  | .......................................................... | | З А Я В Л Е Н И Е - Д Е К Л А Р А Ц И Я | | | за **отпускане** на дентална помощ | | | от................................................................................................ ЕГН ...............................................  *(име, презиме, фамилия)* | | | Постоянен адрес в гр./с. ................................., ПК ........................, община ................................, | | | Област ...................................., ж.к./кв. ..........................................................................................., | | | ул./бул. ........................................................................ № .............., бл. ....., вх. ................., ет. ..........., ап. ........, | |  |  | | --- | | Данни на упълномощеното лице:  ............................................................................................................................................................  *(трите имена и номер и дата на пълномощно)* |  |  | | --- | | Моля да ми бъде изплатена стойността на предоставената ми дентална помощ, както следва: | | Желая сумата да ми бъде изплатена чрез пощенски клон ДА/НЕ. | | Желая сумата да ми бъде преведена по банков път ДА/НЕ. | | IBAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | Банка .......................................................................................................................................................; | | | Банков клон.............................................................................................................................................. | | | Декларирам, че в срок два месеца от получаването на помощта ще представя в дирекция „Социално подпомагане“ по постоянния си адрес разходооправдателни документи (фактура/и и касов/и бон/ове). | | | Прилагам следните документи: | | | 1. бланка „медицинско направление/искане за:“ съгласно приложение № 3; | | | 2. копие от удостоверение за ветеран от войните; | | | 3. лична карта/личен паспорт (за справка); | | | 4. копие от нотариално заверено пълномощно в случаите, когато заявлението се подава от името на упълномощено от ветерана от войните лице. | | | Дата: .................................... | Заявител: ............................. | | гр./с. ................................... | (подпис) | | Длъжностно лице, приело заявление-декларацията: |  | | …………………………………............………………..…... | ………………………………………… | |  | (име, подпис) | | Дата ……………20 ... г. |  | | гр. …………………… |  | |

**Приложение № 5**

към чл. 19, ал. 3

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ДИРЕКЦИЯ „СОЦИАЛНО ПОДПОМАГАНЕ“ – ......................................... | | | | | | | | | | | | | | | | | | | | | | | | ЗАПОВЕД № ......................... | | | | | | | | | | | | | | | | | | | | | | | | Дата: ................ 20....... г. | | | | | | | | | | | | | | | | | | | | | | | | На основание чл. .................................... от Наредба № 3 от 2012 г. за реда за предписване, отпускане и контрол на лекарствени продукти и дентална помощ на ветераните от войните | | | | | | | | | | | | | | | | | | | | | | | | ОТПУСКАМ/ОТКАЗВАМ | | | | | | | | | | | | | | | | | | | | | | | | На .................................................................................................. ЕГН ..........................................., | | | | | | | | | | | | | | | | | | | | | | | | еднократна целева дентална помощ в размер на ..................................................................... лв., | | | | | | | | | | | | | | | | | | | | | | | | словом ............................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | Мотиви за отказ: | | | | | | | | | | | | | | | | | | | | | | | | ............................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | ............................................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | Сумата да се изплати чрез пощенски клон ..................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | или по следната банкова сметка: | | | | | | | | | | | | | | | | | | | | | | | | IBAN | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | Банка ................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | Банков клон ...................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | Заповедта може да се обжалва в 14-дневен срок пред директора на Регионалната дирекция за социално подпомагане – ...................................................., по реда на Административнопроцесуалния кодекс. | | | | | | | | | | | | | | | | | | | | | | | | Дата: ..................................... | | | | | | | | | | | | ДИРЕКТОР: .......................... | | | | | | | | | | | | гр./с. ...................................... | | | | | | | | | | | |  | | | | | | | | | | | | Получих заповедта на .......................... 20 .... г. | | | | | | | | | | | | Подпис: ............................ | | | | | | | | | | | |