**Daugavpils valstspilsētas pašvaldības iestādei “Sociālais dienests” SP- 16 Adrese: Vienības iela 8, Daugavpils, LV-5401**

**e-pasta adrese**: [socd@socd.lv](mailto:socd@socd#.lv)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(likumiskā pārstāvja vārds, uzvārds)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(personas kods)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(adrese)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(tālrunis, e-pasts)*

**IESNIEGUMS**

Lūdzu piešķirt aprūpes mājās pakalpojumu manam bērnam\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(bērna vārds, uzvārds)*

personas kods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, deklarētā dzīvesvieta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Norādīt iemeslu, kura dēļ likumiskais pārstāvis nevar nodrošināt aprūpi un uzraudzību bērnam nepieciešamajā apjomā *(nodarbinātības vai citi objektīvi iemesli)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Vēlamais pakalpojuma apjoms un saņemšanas periods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Kopējais stundu skaits nedēļā un konkrētas nedēļas dienas, kad pakalpojums būs nepieciešams, norādīts iesniegumam pievienotajā grafikā.**

**Iesniegumam pievienoti šādi dokumenti (vai dokumentu kopijas)** *(atzīmēt vajadzīgos)*:

* likumiskā pārstāvja pārstāvības tiesības apliecinoša dokumenta kopija;
* darba devēja vai Valsts ieņēmumu dienesta izziņa par nodarbinātību vai cits dokuments, kas apliecina apstākļus, ka persona nevar nodrošināt aprūpi un uzraudzību bērnam nepieciešamajā apjomā;
* ģimenes ārsta izziņa par veselības stāvokli, kurā norādīts funkcionālo traucējumu veids un akūtas infekcijas pazīmes (ja tādas ir) un psihiatra atzinums par bērna psihisko veselību un speciālajām (psihiatriskajām) kontrindikācijām pakalpojuma saņemšanai, ja pakalpojumu vēlas saņemt bērns ar garīga rakstura traucējumiem;
* VDEAVK atzinums par īpašas kopšanas nepieciešamību;
* darba līguma un darba grafika kopija, studiju līguma un mācību nodarbību grafika kopija (uzrādot oriģinālu), pašnodarbinātai personai - darba grafiku, lai apliecinātu pakalpojuma nepieciešamības laiku.
* citi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**🞎 *Apliecinu****, ka esmu informēts par  
 - to, ka iesnieguma izskatīšanai Sociālais dienests, izpildot juridisku pienākumu, apstrādās manus un manā mājsaimniecībā esošo personu datus atbilstoši Vispārīgās datu aizsardzības regulas un citu normatīvo aktu prasībām,  
- manu un manā mājsaimniecībā esošo personu datu apstrādi tiesībām kā datu subjektiem.***🞎 *Apliecinu****, ka esmu informējis manā mājsaimniecībā esošās personas par viņu datu apstrādi un datu subjekta tiesībām.  
Informācija par personas datu apstrādi un personas tiesībām pieejama Sociālā dienesta tīmekļa vietnē:* [*www.socd.lv*](http://www.socd.lv) *un klātienē Lāčplēša ielā 39, Vienības ielā 8, Liepājas ielā 4, Daugavpilī, vai iesūtot jautājumus ar piezīmi “Datu aizsardzības speciālists” uz e-pastu:* [*datuaizsardziba@socd.lv*](mailto:datuaizsardziba@socd.lv)*.*

20\_\_\_\_.gada\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Iesniedzēja paraksts un atšifrējums)*

**SAŅEMTS**

Daugavpils valstspilsētas pašvaldības

iestādē “Sociālais dienests”

Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vēlamais aprūpes mājās pakalpojuma bērnam apjoms un saņemšanas grafiks**

Vēlamais pakalpojuma sniedzējs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (turpmāk – Aprūpētājs)

*(vārds, uzvārds, personas kods)*

Pakalpojuma saņēmējs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (turpmāk – Klients)

*(vārds, uzvārds, personas kods)*

Pakalpojuma pieprasītājs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (turpmāk – Likumiskais pārstāvis).

*(likumiskā pārstāvja vārds, uzvārds, personas kods)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Nedēļas dienas, kad pakalpojums būs nepieciešams 20\_\_.gada \_\_\_\_\_\_\_\_\_\_\_ mēnesī** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Kopā** | |
| **1** | | | **2** | | | | **3** | | | | | **4** | | | | | **5** | | | | | **6** | | | | | **7** | | | **8** | | | | **9** | | | | | **10** | | | | | **11** | | | | | **12** | | | | | **13** | | | | | **14** | | | | | **15** | | | | | | **16** | | | | | **17** | | | | | **18** | | | | | **19** | | | | | **20** | | | | | **21** | | | | | **22** | | | | | **23** | | | | | **24** | | | | | **25** | | | | | **26** | | | | | **27** | | | | | **28** | | | | | **29** | | | | | **30** | | | | | **31** | | | |  | |
| **Aprūpes mājās pakalpojums bērnam** |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |  | |
|  | **Nedēļas dienas, kad pakalpojums būs nepieciešams 20\_\_.gada \_\_\_\_\_\_\_\_\_\_\_ mēnesī** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Kopā** | |
| **1** | | **2** | | | | **3** | | | | | **4** | | | | | **5** | | | | | **6** | | | **7** | | | | **8** | | | | | **9** | | | | | **10** | | | | | **11** | | | | | **12** | | | | | **13** | | | | | **14** | | | | | **15** | | | | | **16** | | | | | | **17** | | | | | **18** | | | | | **19** | | | | | **20** | | | | | **21** | | | | | **22** | | | | | **23** | | | | | **24** | | | | | **25** | | | | | **26** | | | | | **27** | | | | | **28** | | | | | **29** | | | | | **30** | | | | | **31** | | | | | |  |
| **Aprūpes mājās pakalpojums bērnam** |  | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | |  |
|  | **Nedēļas dienas, kad pakalpojums būs nepieciešams 20\_\_.gada \_\_\_\_\_\_\_\_\_\_\_ mēnesī** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Kopā** |
| **1** | | **2** | | | | **3** | | | | | **4** | | | | | **5** | | | | | **6** | | | **7** | | | | **8** | | | | | **9** | | | | | **10** | | | | | **11** | | | | | **12** | | | | | **13** | | | | | **14** | | | | | **15** | | | | | **16** | | | | | | **17** | | | | | **18** | | | | | **19** | | | | | **20** | | | | | **21** | | | | | **22** | | | | | **23** | | | | | **24** | | | | | **25** | | | | | **26** | | | | | **27** | | | | | **28** | | | | | **29** | | | | | **30** | | | | | **31** | | | | | |  |
| **Aprūpes mājās pakalpojums bērnam** | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | |  |

20\_\_\_\_.gada\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Likumiskā pārstāvja paraksts un atšifrējums)*