VIZAT,

CONSILIER,

------------------------------------

RAPORT DE ACTIVITATE

ASISTENT PERSONAL AL PERSOANEI CU HANDICAP ÎNCADRATĂ ÎN GRAD DE HANDICAP GRAV CU ASISTENT PERSONAL

Subsemnata/subsemnatul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cu domiciliul în comuna Păulești, sat \_\_\_\_\_\_\_\_\_\_\_, str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr.\_\_\_\_, județul Prahova, în calitate de asistent personal al domnului/doamnei/minorului/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cu domiciliul în comuna Păulești, sat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr.\_\_\_\_, județul Prahova, încadrat în gradul grav de handicap cu asistent personal, am desfășurat în perioada \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ următoarele activități:

1. Prestarea unor servicii de îngrijire personală (ex. igiena corporală, îmbrăcat/dezbrăcat, alimentație, supravegherea administrării medicației prescrise, etc.)

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1. Prestarea unor servicii menajere și gospodărești (ex. pregătirea și prepararea hranei, igiena patului, spălatul și călcatul hainelor, spălatul vaselor, întreținerea gospodăriei, efectuarea cumpărăturilor, plata unor servicii sau obligații curente)

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1. însoțirea persoanei cu handicap la intituțiile competente (ex. pentru a beneficia de informare și consiliere în anumite domenii: asistență socială, asigurări sociale, legislația muncii, protecția consumatorului, drept civil, regimul proprietății, taxe și impozite, învătământ, procedură notarială, protecția copilului )

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1. Prestarea unor servicii medicale și/sau însoțirea persoanei cu handicap la medic (ex. îngrijire medicală directă – conform indicațiilor medicului, prezentarea la cabinetul medical pentru monitorizarea paramentrilor fiziologici, administrarea medicamentelor injectabile, îngrijirea plagilor și escarelor, tratamentul durerii etc.)

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1. însoțirea persoanei cu handicap la cabinetele specializate în scopul recuperării și reabilitării fizice și psihice (ex. însoțire la cabinetele de kinetoterapie, masaj, consiliere psihologice, etc.)

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1. Servicii de adaptare a ambientului ( ex. efectuarea unor lucrări de adaptare a locuinței persoanei cu handicap în funcție de necesitățile acesteia)

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1. Alte servicii care se impun pentru rezolvarea nevoilor identificate (ex. socializarea persoanei cu handicap prin însoțirea în miniexcursii sau pentru vizionarea unor spectacole artistice)

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Alte mențiuni (ex. aspecte semnalate în evoluția stării socio-medicale a persoanei cu handicap, gradul de satisfacție al acesteia cu privire la activitatea asistentului personal)

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ASISTENT PERSONAL

Nume si prenume \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semnătura,

Datele cu caracter personal cuprinse in prezentul document sunt confidentiale si vor fi stocate, prelucrate sau transmise catre alte institutii abilitate numai cu privire la aspectele mentionate expres in document, in conformitate cu prevederile legale, cu respectarea GDPR.