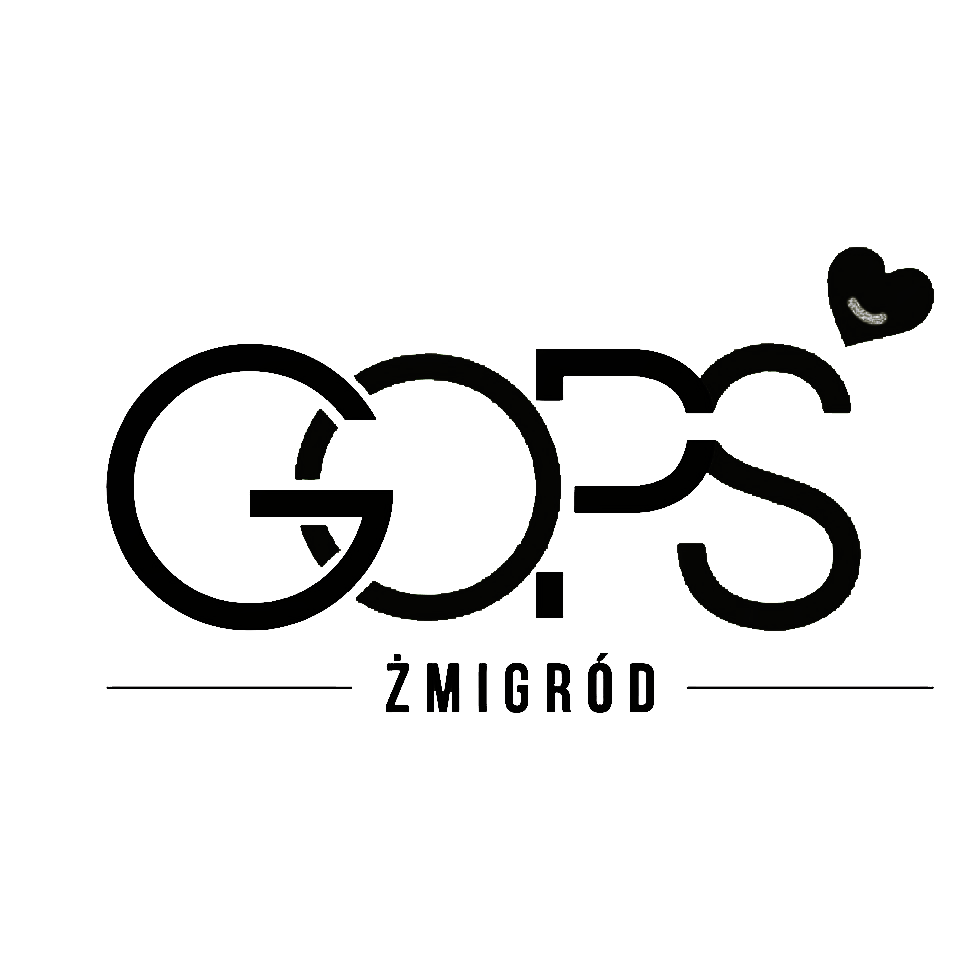
Załącznik nr \_\_\_

**Karta osoby przyjętej do zakwaterowania**

Imię i nazwisko

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**W poniższych polach zakreśl znakiem „X” dni, w których zapewniono zakwaterowanie i wyżywienie danej osobie**

**Rok 2022**

**Lipiec**

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**Sierpień**

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**Wrzesień**

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**Październik**

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**Listopad**

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**Grudzień**

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**Rok 2023**

**Styczeń**

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**Marzec**

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**Kwiecień**

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**Maj**

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**Czerwiec**

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**Lipiec**

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**Sierpień**

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**Wrzesień**

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**Październik**

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**Listopad**

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**Grudzień**

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**Rok 2024**

**Styczeń**

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**Marzec**

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**Kwiecień**

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**Czerwiec**

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**Liczba dni łącznie:**

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data i podpis wnioskodawcy

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**Wypełnia Gminny Ośrodek Pomocy Społecznej**

**Liczba dni x dzienna wysokość świadczenia w zł**

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data i podpis pracownika akceptacja do wypłaty

przyjmującego wniosek