| WYKAZ OSÓB KTÓRYM UDZIELONO POMOCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lp. | Miejsce udzielenia pomocy | Status (osoba pozbawiona wolności, zwolniona z zakładu karnego lub aresztu śledczego, osoba najbliższa) | Nazwisko i Imię | Pesel | Miejsce zamieszkania | Rodzaj świadczonej pomocy (zgodnie z numerami zadań w ofercie) - proszę zaznaczyć T[tak] lub N[nie] | | | | | | | | | | | | | | | | | | | | Rozpoczęcie świadczenia pomocy [data] | Zakończenie świadczenia pomocy [data] |
| | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13a | 13b | 13c | 13d | 13e | 13f | 13g | 13h | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 22. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Data i miejsce: Kierownik jednostki