**CADENA DE FAVORES COLIMA, I.A.P.**



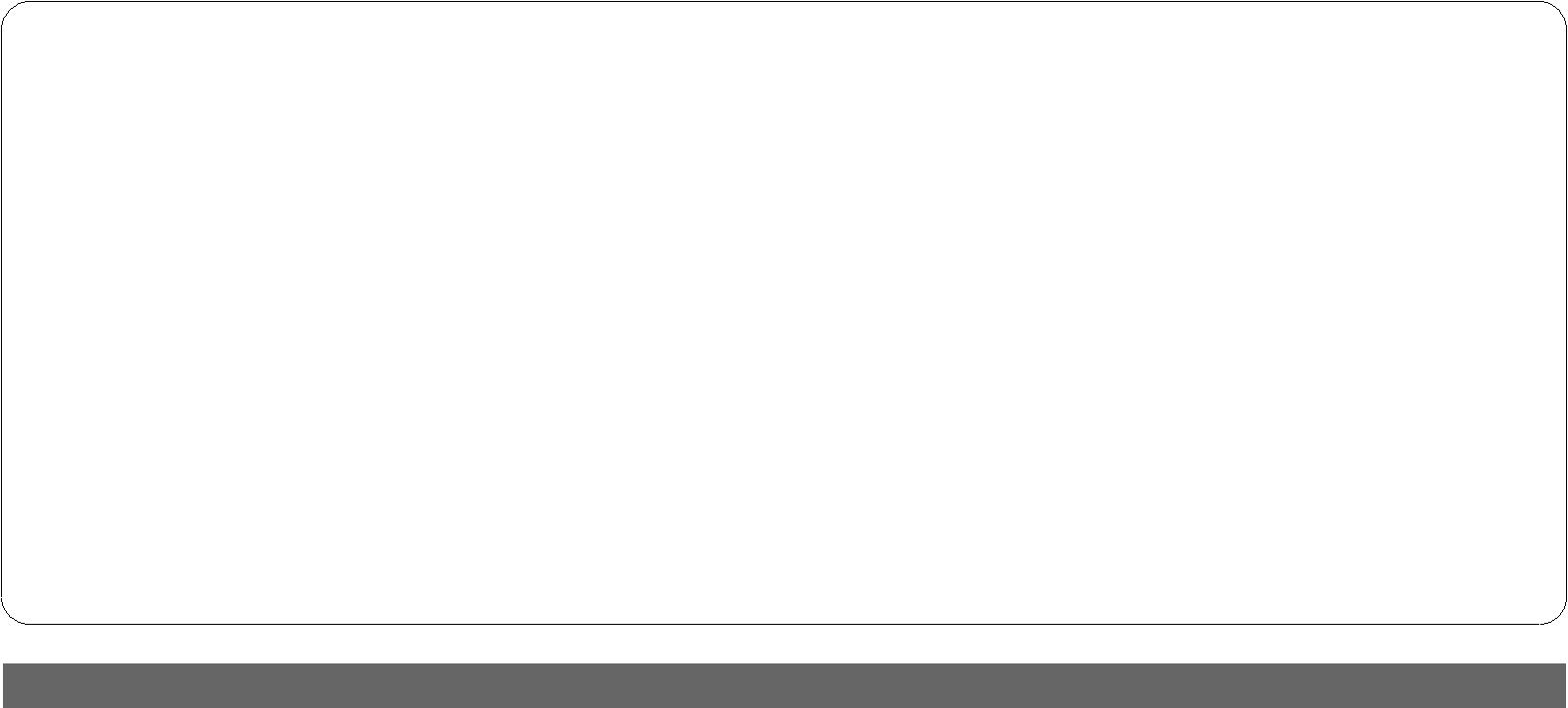
**ESTUDIO SOCIOECONÓMICO, TRABAJO SOCIAL**

Fernando Vázquez Schiaffino #109, Residencial Esmeralda, Colima, Col.,

C.P. 28017; Tel. 312 182 9645



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | FECHA: | NO. FOLIO: | NO. DE EXPEDIENTE: |
|  |  | |  |  |
|  | **1.- DATOS DEL BENEFICIARIO** | |  |  |
|  |  |  |  |  |
|  |  | APELLIDO PATERNO | APELLIDO MATERNO | NOMBRE(S) |
|  |  |  |  |  |
|  |  | CALLE | NÚMERO | COLONIA |
|  |  |  |  |  |
|  |  | LOCALIDAD | MUNICIPIO | ESTADO |
|  |  | |  |  |
|  | CÓDIGO POSTAL | | TELÉFONO DE CASA | TELÉFONO CELULAR |
|  |  |  |  |  |
|  | SEXO | FECHA DE NACIMIENTO | LUGAR DE NACIMIENTO | TIEMPO DE RADICAR EN EL ESTADO |
|  |  |  |  |  |
|  |  | ESTADO CIVIL | CURP | ESCOLARIDAD |
|  |  |  |  |  |
|  |  | No. SEGURIDAD SOCIAL | QUIEN SE LO OTORGA | INSTITUCIÓN |
|  |  | OCUPACIÓN | INGRESO MENSUAL |  |



**2.- APOYO SOLICITADO**



DOCUMENTACIÓN QUE PRESENTA

**3.- CANALIZADO POR:**



TRABAJADOR(A) SOCIAL:

APELLIDO PATERNO APELLIDO MATERNO NOMBRE(S)

ÁREA TELÉFONO

**4.- CONSTITUCIÓN FAMILIAR (personas que habitan en el mismo domicilio del beneficiario, incluido el beneficiario)**



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NOMBRE | EDAD | SEXO | PARENTESCO CON | ESCOLARIDAD | OCUPACIÓN | INGRESO |  |
| H/M | EL BENEFICIARIO | MENSUAL |  |
|  |  |  |  |  |
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**CADENA DE FAVORES COLIMA, I.A.P.**



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| ¿CUÁNTAS PERSONAS VIVEN EN ESTA VIVIENDA? | | | | | | | | | | | |  |  |  |  |  |  | NOMBRE DEL JEFE(A) DE FAMILIA | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ¿RECIBE INGRESOS ADICIONALES? | | | | | | | PENSIÓN | | | | | | |  |  | OPORTUNIDADES | | | | | | |  |  | 70 Y MÁS | | | | | REMESAS | | | | |  |  |  | OTROS | |  |  |  |  |
|  |  |  |  |
| ¿A CUÁL SERVICIO MÉDICO ASISTEN? | | | | | | | IMSS | | | | |  |  |  |  |  |  | ISSSTE | | |  |  |  |  |  |  | SEGURO POPULAR | | | | | | | |  |  |  | SEDENA | | | |  |  |
|  |  |  |  |  |  |  | PEMEX | | | | | | |  |  |  |  | SEGURO PRIVADO | | | | | | | | | ARMADA / MARINA | | | | | | | |  |  |  | NO TIENE | | | |  |  |
|  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ¿CUÁNTAS PERSONAS CON DISCAPACIDAD HAY EN SU HOGAR?: | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ¿QUÉ TIPO DE DISCAPACIDAD TIENEN? | | | | | | | | | | |  |  |  |  | MUSCULO ESQUELÉTICA | | | | | | | | | | |  |  |  | AUDITIVA | | | | |  |  |  | VISUAL | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | INTELECTUAL | | | | |  |  |  |  |  | NEUROMOTORA | | | | | | | | |  |  |  | OTRA |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ¿ALGUNA PERSONA TIENE PROBLEMAS DE ADICCIONES? | | | | | | | | | | | | | | | | | | | | | SI | |  |  |  |  | NO | | | | | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **SÓLO PREGUNTAR, SI HAY MUJERES MAYORES DE 12 AÑOS EN LA CONSTITUCIÓN FAMILIAR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | ¿ACTUALMENTE ALGUNA INTEGRANTE | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | DE SU HOGAR ESTÁ EMBARAZADA? | | | | | |  |  | SI | | |  |  |  | ¿CUÁNTAS? | | | |  | |  |  |  | ¿QUÉ EDADES TIENEN? | | | | | | | |  | | |  |  |  |  |  |  | NO |  |  |
|  | ¿ALGUNA DE LAS MUJERES TIENE HIJOS? | | | | | | |  | SI | | |  |  |  | ¿CUÁNTAS? | | | | |  |  |  |  | ¿QUÉ EDADES TIENEN? | | | | | | | |  | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | NO (PASAR A 5.- SITUACIÓN ECONÓMICA) | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ¿CUÁNTOS TIENE? | |  |  |  | ¿TODOS VIVOS? | | | | | |  |  |  | SI ( PASAR A 5.- SITUACIÓN ECONÓMICA) | | | | | | | | | | | |  |  |  | NO | | | | |  |  |  |  |  |  |  |  |  |
|  | ¿DE QUÉ EDAD FALLECIERON? | | | | | | 0 -11 MESES | | | | | | | | | | | | | | 1 - 5 AÑOS | | | | | |  |  |  | 6 AÑOS EN ADELANTE | | | | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **5.- SITUACIÓN ECONÓMICA** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **GASTO FAMILIAR** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ALIMENTACIÓN $ | | | |  |  |  |  |  |  |  | SALUD $ | | | | |  |  | | |  |  |  |  |  |  |  |  |  | OTROS $ | | |  |  |  |  |  |  |  |  |  |  |  |
|  | EDUCACIÓN $ |  | |  | |  |  |  |  |  |  | SERVICIOS PÚBLICOS $ | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | TRANSPORTE $ | | |  | |  |  |  |  |  |  | VIVIENDA (RENTA) $ | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ALIMENTACIÓN.- QUÉ ALIMENTOS CONSUME LA FAMILIA REGULARMENTE:**

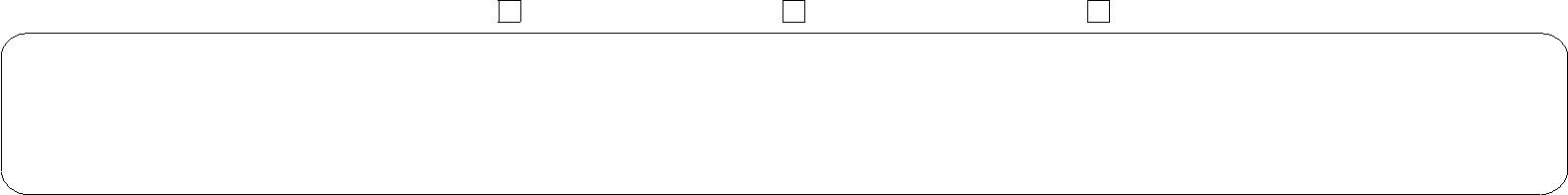


DESAYUNO:

COMIDA:

CENA:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **6.- VIVIENDA** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TIPO DE VIVIENDA | | |  |  | PROPIA | | |  | RENTADA | | | |  |  |  |  | PRESTADA | | | |  | PAGÁNDOLA |  |  |  |
| SERVICIOS CON LOS QUE CUENTA: | | | | | LUZ | | | GAS |  |  | DRENAJE | | | | | | | BAÑO | | | TELÉFONO | | AGUA |  |  |
| OTROS: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MATERIAL DE CONSTRUCCIÓN: | | | | PAREDES |  |  |  |  |  | TECHO | | |  |  |  |  |  |  |  |  | PISO |  |  |  |  |
| ESPACIOS DEL HOGAR: | | | SALA | COCINA | | | | COMEDOR | | | | |  |  | BAÑO | | |  | RECÁMARAS, ¿CUÁNTAS? | | | |  |  |  |
| NÚMERO DE HABITACIONES QUE SE UTILIZAN PARA DORMIR (SIN CONTAR PASILLOS) | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **7.- SALUD DEL BENEFICIARIO** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | DIAGNÓSTICO MÉDICO: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | RECIBE ATENCIÓN MÉDICA: | | | SI |  | NO | | ¿DÓNDE?: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ¿QUÉ TIPO DE DISCAPACIDAD TIENE? | | | |  |  | MUSCULO ESQUELÉTICA | | | | | |  |  |  | AUDITIVA | |  |  |  | VISUAL | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | (SI EXISTE) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | INTELECTUAL | |  |  |  |  | NEUROMOTORA | | | | |  |  |  | OTRA | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ¿CAUSA DE LA DISCAPACIDAD? | | | |  |  | ACCIDENTE | |  |  | CONGÉNITA | | | | | | | | GENÉTICA | | | | |  |  |  |
|  | PADECIMIENTO ACTUAL: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**CADENA DE FAVORES COLIMA, I.A.P.**



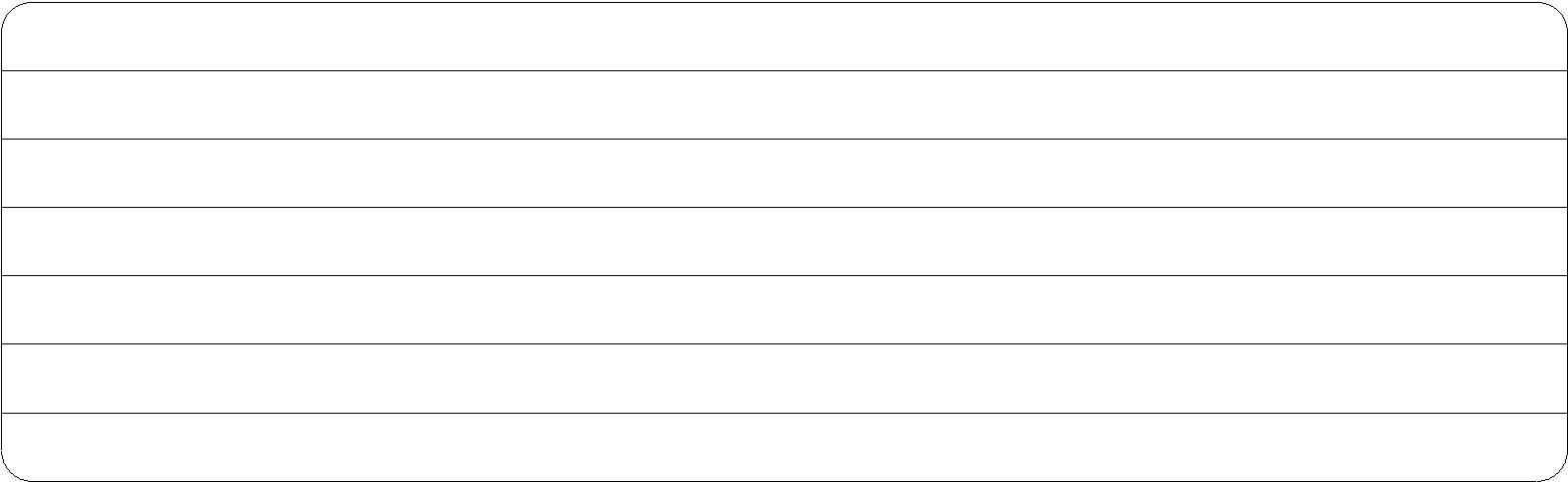
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**8.- EVALUACIÓN GENERAL**

DIAGNÓSTICO SOCIAL:



SUGERENCIAS



Me manifiesto sabedor y conforme, de que la información proporcionada supra líneas, será utilizada para efectos estadísticos en el banco de datos sobre asistencia social, conformado por el Sistema Estatal de Información de Gestión Social (SIGES).

Nombre del solicitante y firma. Nombre y firma del trabajador(a) social.

Elaboró

Nombre del trabajador(a) social responsable del caso.

Firma y sello

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