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| Oppvekst- og levekårserviceLegatkontoretPostadr.: Pb. 8001, 4068 StavangerBesøksadr.: Arne Rettedals gate 12Telefon: 51 50 82 98 |  |

##### TINA OG MARTIN MAGNESENS LEGAT

# *Til behandlingsopplegg av ubemidlede syke som ikke dekkes av det offentlige.*

###### Søknadsfrist: 30. april

Navn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postnr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Poststed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fødselsdato: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tlf: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sivilstand (sett kryss) [ ] Ugift [ ]  Gift/Samboer

Type bolig (sett kryss): [ ]  eget hus / selveierleilighet [ ]  leilighet i BBL

 [ ]  kommunal leilighet [ ]  omsorgsbolig

 [ ]  leier leilighet privat

**Kontonummer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Inntekter pr. måned

|  |  |
| --- | --- |
| **Lønn / trygd /sosialhjelp** |  |
| Bostøtte |  |
| Barnetrygd |  |
| Barnebidrag |  |
| Barnetillegg |  |
| Ektefelle / samboers inntekt |  |

Utgifter pr. måned

|  |  |
| --- | --- |
| Husleie  |  |
| Strøm |  |

Barn som forsørges:

Navn Fødselsdato

|  |  |
| --- | --- |
|  |  |
|   |  |

Hvilken behandling søker du om støtte til: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hvor mye koster behandlingen (dokumenter pris): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Du MÅ legge ved:** Bekreftelse fra fastlege på din sykdom eller lidelse.

 Overslag fra behandler over hva behandlingen vil koste.

 Lønn eller utbetalingsslippen fra NAV (også for ektefelle/samboer)

 Siste likningsutskrift (også for ektefelle/samboer)

Her kan du skrive kort om din sykdom og økonomiske situasjon:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dato: \_\_\_\_\_\_\_ Søkers underskrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_