# 居家养老服务工作台账



\_\_\_\_\_\_镇（街道）\_\_\_\_\_\_村（社区）

二〇一六年 月 日

**台账 目录**

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**社区居家养老服务机构（人）汇总表**

| 序号 | 负责人 | 联系方式 | 服务项目 | 持证情况 | 备注 |
| --- | --- | --- | --- | --- | --- |
|  |  |  | （家政、文娱、康复、精神慰藉、生活照料等） |  |  |
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**社区户籍老年人信息汇总表**

| 序号 | 姓名 | 性别 | 年龄 | 联系方式 | 备注 |
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**社区居家养老服务计划**

| 居家养老  服务负责人 |  | | 居家养老  服务电话 |  | |
| --- | --- | --- | --- | --- | --- |
| 社区地址 |  | | | | |
| 老人数 |  | 80岁以上  老人数 |  | 失能老人数 |  |
| 半失能老人数 |  |
| 年  度  工  作  计  划 |  | | | | |

**社区居家养老服务工作总结**

|  |
| --- |
| 若本页不够 请续页 |

**社区居家养老服务活动情况统计表**

| 序号 | 主持单位 | 联系方式 | 活动项目 | 服务性质 | 活动时间 |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | （志愿、有偿、无偿） |  |
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**社区组织老人活动详情表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 服务机构 | 单位名称 |  | 参与人数 | |  | 服务性质 | （志愿、有偿、无偿） |
| 服务地点 |  | | 负责人  联系方式 | |  | |
| 服务对象 | 联络员 |  | | 联系方式 | |  | |
| 所属辖区 |  | | 人数 | |  | |
| 活动内容 | |  | | | | | |
| 活动目的 | |  | | | | | |
| 具体实施 | | （照片及相关内容） | | | | | |

**社区接受居家养老服务老人汇总表**

| 序号 | 老人姓名 | 联系方式 | 服务项目 | 服务时间 | 备注 |
| --- | --- | --- | --- | --- | --- |
|  |  |  | （家政、文娱、康复、精神慰藉等） |  |  |
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**居家养老服务记录**

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| --- | --- | --- | --- | --- | --- | --- |
| 服  务  对  象 | 姓名 |  | 性别 |  | 年龄 |  |
| 原电话 | |  | | | |
| 居住地详细地址 | |  | | | |
| 家庭基本情况 | |  | | | |
| 主要病历 | |  | | | |
| 主要禁忌  （包括药物及过敏史） | |  | | | |
| 服  务  机  构  （人） | 负责人 | |  | 联系电话 |  | |
| 单位地址 | |  | | | |
| 服务项目 | |  | | | |
| 机构基本情况 | |  | | | |
| 服  务  记  录 | 服务时间 | 服务内容 | 服务情况 | | | |
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**服务情况回访汇总表**

| 序号 | 检查负责人 | 检查时间 | 服务对象 | 服务项目 | 总评（100分） |
| --- | --- | --- | --- | --- | --- |
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**居家养老服务满意度调查表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被调查对象 | |  | | 调查时间 |  | | | | |
| 服务机构 | |  | | 服务项目 |  | | | | |
| 检查  项目 | 检查内容 | | 检查情况记载 | | | 评价等级 | | | |
| 服务  情况 | 服务计划 | |  | | | 5 | 4 | 3 | 0 |
| 服务时间是否到位 | |  | | | 5 | 4 | 3 | 0 |
| 服务内容及要求符合《嘉兴市居家养老服务规范（试行）》。 | |  | | | 25 | 20 | 15 | 0 |
| 服务  人员 | 持有行业认定的证书及有效健康证明。 | |  | | | 4 | 3 | 2 | 0 |
| 年龄在 18周岁至国家规定退休年龄之间，初中以上文化程度。 | |  | | | 4 | 3 | 2 | 0 |
| 熟透相关操作，信守职业道德，保护老年人的隐私。 | |  | | | 4 | 3 | 2 | 0 |
| 着装行为规范、大方。 | |  | | | 3 | 2 | 1 | 0 |
| 老人对服务感觉满意度 | | | 1、满意；2、一般；3、不满意。 | | | 50 | 30 | 20 | 0 |
| 检查小组总结、建议 | | | | | | | | | |
|  | | | | | | | | | |
| 检查小组成员签名、日期 | | | | | | | | | |
|  | | | | | | | | | |