**Karta osoby przyjętej do zakwaterowania**

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| Imię i nazwisko\*  | PESEL lub w przypadku braku rodzaj oraz numer/seria dokumentu potwierdzającego tożsamość\* |
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**W poniższych polach zakreśl znakiem X dni, w których zapewniono zakwaterowanie i wyżywienie danej osobie\***

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | **24** | **25** | **26** | **27** | **28** |
| *Brak możliwości wnioskowania o świadczenie za ten okres* |  |  |  |  |  |

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** |
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Kwiecień

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| Liczba dni łącznie\* | Wypełnia Urząd – Liczba dni łącznie x dzienna wysokość świadczenia w zł |
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\* Pola oznaczone symbolem gwiazdki są wymagane