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| **Termo de recebimento de Famílias Beneficiadas com doações de materiais para**  **Situação de Emergência ou Estado de Calamidade Pública**  #. Beneficiário: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Pessoas na Família: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | **Material** | **Quantidade** | **Data da Entrega** | Responsável pelo recebimento | | **Cesta Básica** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | (nome legível) | | **Colchão** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Cobertor** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Jogo de Lençol** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assinatura** | | **Travesseiro** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Limpeza** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Higiene** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Telha** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |   #. Beneficiário: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Pessoas na Família: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | **Material** | **Quantidade** | **Data da Entrega** | Responsável pelo recebimento | | **Cesta Básica** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | (nome legível) | | **Colchão** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Cobertor** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Jogo de Lençol** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assinatura** | | **Travesseiro** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Limpeza** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Higiene** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Telha** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |   #. Beneficiário: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Pessoas na Família: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | **Material** | **Quantidade** | **Data da Entrega** | Responsável pelo recebimento | | **Cesta Básica** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | (nome legível) | | **Colchão** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Cobertor** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Jogo de Lençol** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assinatura** | | **Travesseiro** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Limpeza** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Higiene** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Telha** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |   #. Beneficiário: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Número de Pessoas na Família: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  | | --- | --- | --- | --- | | **Material** | **Quantidade** | **Data da Entrega** | Responsável pelo recebimento | | **Cesta Básica** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | (nome legível) | | **Colchão** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Cobertor** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |  | | **Jogo de Lençol** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Assinatura** | | **Travesseiro** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Limpeza** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Kit Higiene** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ | | **Telha** |  | \_\_\_ /\_\_\_ /\_\_\_\_\_ |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura e Carimbo do(a) Assistente Social |