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Subsemnatul/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, domiciliat/ă în \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, str. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nr. \_\_\_\_, bl. \_\_\_\_\_, sc. \_\_\_\_\_, ap. \_\_\_\_\_\_\_, jud.\_\_\_\_\_\_\_\_\_\_\_\_, legitimat/ă cu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, în calitate de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solicit instituţionalizarea în Centrul de protecţie specială pentru persoanele adulte cu handicap/ a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ deoarece \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Am luat cunoştinţă de faptul că, în urma instituţionalizării în Centrul de protecţie specială pentru persoanele cu handicap a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, se sistează plata prestaţiilor sociale acordate potrivit Legii nr. 448/2006 privind protecţia şi promovarea drepturilor persoanelor cu handicap.

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semnătura \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_