

**Évaluation Sociale**

**en vue de la mise en œuvre d'une MASP**

**Identification dU COUPLE OU De la personne**

Nom(s) – Prénom(s) :

Madame Cliquez ici pour entrer du texte.

Monsieur Cliquez ici pour entrer du texte.

**Adresse :**

Cliquez ici pour entrer du texte.

**N° de téléphones :**

Cliquez ici pour entrer du texte.

Service demandeur

Cliquez ici pour entrer du texte.

I. COMPOSITION DE LA FAMILLE

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| **Nom** | **Prénom** | **Né(e) le** | **Lien de parenté** | **Situation Professionnelle Scolarité** |

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| **Adultes** |
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| **Enfants de – de 18 ans** |
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1. SITUATION LIEE AU LOGEMENT

**- HEBERGE :**

- En structure d'hébergement

- Amical ou familial

 - **OCCUPANT SANS TITRE**

 **-** **LOCATAIRE** :

- Bailleur : [ ]  Privé [ ]  Social

- Nom du bailleur : Cliquez ici pour entrer du texte.

- Type de logement : Cliquez ici pour entrer du texte. Date d'entrée dans les lieux : Cliquez ici pour entrer du texte.

- Nom des titulaires du bail

 - Cliquez ici pour entrer du texte.

 - Cliquez ici pour entrer du texte.

- si existence d’un impayé de loyer, stade de la procédure : Cliquez ici pour entrer du texte.

**- PROPRIETAIRE** **:**  [ ]  Oui  [ ]  Non [ ]  En Accession

- si existence d’un impayé de mensualités d’accession et de charges, stade de la procédure contentieuse :

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III. BUDGET MENSUEL

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| **Ressources Mensuelles** | **Demandeur** | **Conjoint** | **Enfants** | **Autres** |
| Salaire |  |  |  |  |  |
| Revenu non salarié |  |  |  |  |  |
| Emploi aidé et Formation |  |  |  |  |  |
| Allocations chômage | Allocation de retour à l'emploi |  |  |  |  |
|  | Allocation de fin de droits |  |  |  |  |
|  | Alloc de solidarité spécifique |  |  |  |  |
|  | Autre |  |  |  |  |
|  | Allocation temporaire d'attente |  |  |  |  |
| Indemnité Journalière CPAM |  |  |  |  |  |
| Invalidité | Pension invalidité |  |  |  |  |
|  | Maj. 1/3 pers. |  |  |  |  |
|  | Rente accident de travail |  |  |  |  |
|  | APA |  |  |  |  |
|  | Autre |  |  |  |  |
| Retraite | Fond National de Solidarité |  |  |  |  |
|  | Pension |  |  |  |  |
|  | Pension de réversion |  |  |  |  |
|  | Retraite complémentaire |  |  |  |  |
|  | Autre |  |  |  |  |
| Allocations familiales | Allocation rentrée scolaire |  |  |  |  |
|  | Allocations familiales |  |  |  |  |
|  | A.S.F |  |  |  |  |
|  | Complément familial |  |  |  |  |
|  | PAJE Allocation de base |  |  |  |  |
|  | Autre |  |  |  |  |
|  | PAJE complément libre choix du mode de garde |  |  |  |  |
|  | PAJE activité ou Préparee |  |  |  |  |
| AL ou APL |  |  |  |  |  |
| RSA | Socle |  |  |  |  |
|  | Majoré |  |  |  |  |
| AAH et AEEH |  |  |  |  |  |
| Pensions | Alimentaire |  |  |  |  |
|  | Veuve de guerre |  |  |  |  |
|  | Orphelin |  |  |  |  |
|  | Autre |  |  |  |  |
| Patrimoine | Loyer |  |  |  |  |
|  | Intérêt |  |  |  |  |
|  | Rentes viagères |  |  |  |  |
|  | Revenus fonciers |  |  |  |  |
|  | Autre |  |  |  |  |
| Autres ressources | Remboursement santé |  |  |  |  |
|  | Bourses Etudes |  |  |  |  |
|  | Résidence secondaire (50% valeur locative) |  |  |  |  |
|  | Autre |  |  |  |  |
| **Prime d'activité** |  |  |  |  |  |
| Sous total |  |  |  |  |
| **Total Ressources mensuelles** |  **0,00 €** |  **0,00 €** |  **0,00 €** |  **0,00 €** |
| **€** |

  **Reste à vivre = (Ressources mensuelles - Charges mensuelles)** **Nombre de personnes au foyer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nombre de personnes au foyer |  |  |  | Loyer Charges incluses | 500,00 € |   |
| **Reste à vivre** | **€** |  |  | AL - APL | 100,00 € |  |
|  |  |  |  | Loyer résiduel | 400,00 € |  |

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| **Charges mensuelles** | **Montants** |
| Logement | Loyer |  |
|  | Charges |  |
|  | Participation hébergement  |  |
|  | Eléctricité |  |
|  | Eau |  |
|  | Combustible |  |
|  | Autre |  |
|  | Gaz |  |
| Téléphonie | Téléphone fixe |  |
|  | Portables |  |
|  | Internet |  |
|  | Autre |  |
| Impôts | Impôt revenu |  |
|  | Taxe habitation |  |
|  | Taxe foncière |  |
|  | Redevance TV |  |
|  | Ordures ménagères |  |
|  | Autre |  |
| Assurances | Habitation |  |
|  | Véhicule |  |
|  | Mutuelle |  |
|  | Scolaire |  |
|  | Autre |  |
|  | Pack assurances |  |
| Enfants | Transport en commun |  |
|  | Transport - essence |  |
|  | Frais de garde |  |
|  | Personnel employé |  |
|  | Autre |  |
|  | Restauration Scolaire |  |
| Divers | Transport en commun |  |
|  | Transport - essence |  |
|  | Personnel employé |  |
|  | Pension alimentaire |  |
|  | Prestation compensatoire |  |
|  | Charges exceptionnelles |  |
|  | Autre |  |
|  | Restauration externe |  |
| Crédits immobilier |  |
| **Total Charges mensuelles** |  **0,00 €** |

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**Dettes et crédits - Joindre les justificatifs**

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| **Objet** | **Organisme** | **Montant initial de la dette** | **Montant actuel** | **Début du plan d'apurement** | **Fin du plan d'apurement** | **Montant mensuel du remboursement** |
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| **Objet** | **Organisme** | **Montant initial emprunté** | **Montant restant dû** | **Début crédit** | **Fin crédit** | **Montant mensuel du remboursement** |
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| Revenu disponible après remboursement des Dettes et des crédits |  |  |
| Moyenne mensuelle par personne |  |  |

**Saisine de la commission de surendettement**

[ ]  OUI Date de dépôt:Cliquez ici pour entrer du texte.

[ ]  NON

[ ]  ENVISAGÉE

**IV. EVALUATION DU TRAVAILLEUR SOCIAL**

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| **Les problématiques identifiées :** (Budget, logement, gestion vie quotidienne, accès aux droits, santé, vulnérabilité, insertion sociale et professionnelle, problèmes familiaux) |
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| **Les actions déjà menées / en cours, et leur bilan :** |
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| --- |
| **Les effets prévisibles de ces difficultés sur la santé et la sécurité de la personne :** |
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| **Les capacités/potentiels de la personne, mobilisables/à développer, dans le cadre de la MASP :** |
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| --- |
| **Les axes de travail à développer dans le 1ier contrat :** |
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| --- |
| **Les demandeurs adhèrent-ils à ces objectifs** (si non, préciser) : |
|  |

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| --- |
| * **La rencontre avec le Travailleur Social MASP a-t-elle eu lieu ?**

[ ]  **Oui** [ ]  **Non** [ ]  **Prévue – Date :** Cliquez ici pour entrer du texte. |

|  |  |
| --- | --- |
| **Date de la demande** | **Date de signature** |
| Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |
| **Signature du ou des demandeurs** | **Signature du référent** | **Visa du supérieur hiérarchique** |
| Madame | Monsieur |  |  |

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| --- | --- |
| **Décision du responsable de Territoire** | **Date de décision** |
| [ ]  **Accord**[ ]  **Refus Motif(s) :** | Cliquez ici pour entrer du texte. |

*Annexe 1*

**Liste des territoires d’Intervention Sociale et Médico-Sociale du Val d’Oise**

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| --- | --- | --- | --- |
| **TISMS**  | **ADRESSE** | **TRAVAILLEUR SOCIAL MASP** | **RESPONSABLE DE****TERRITOIRE** |
| **ARGENTEUIL** | **10 rue L'évêque CS 30047****95815 ARGENTEUIL Cedex****Tel : 01 34 33 54 54** | **Isabelle ARNONE** | **Taous CHALAH** |
| **BEAUMONT** | **7 rue Léon Godin Centre Louis Mazade****95260 BEAUMONT****Tel : 01 34 33 59 00** | **Laurence DIETTE** | **Valérie BERTAUX**  |
| **CERGY** | **12 avenue de la Bastide****95800 CERGY ST CHRISTOPHE****Tel : 01 34 33 51 00** | **Charlotte COPON** | **Anne-Marie REYNES** |
| **EAUBONNE** | **6 avenue de Paris****95600 EAUBONNE****Tel : 01 34 33 56 80** | **Valérie VIVIANI** | **Emmanuel VERQUIN** |
| **GARGES / SARCELLES** | **36 avenue Joliot Curie - Espace Europe** **CS 60129****95142 GARGES LES GONESSE Cedex****Tel : 01 34 33 81 81 ou 82** | **Sandrine ROGER** | **Marie-Agnès BOLOGNE**  |
| **GONESSE / VILLIERS LE BEL** | **34 avenue Pierre Sémard****95400 ARNOUVILLE LES GONESSE****Tel : 01 34 33 59 70** | **Anne LACAZE** | **Nono MUSOKI** |
| **19 avenue Gabriel Péri****95500 GONESSE****Tel : 01 34 33 81 00** | **Bénédicte FRANÇOIS**  |
| **HAUTIL** | **40 avenue Gavroche****95490 VAUREAL****Tel : 01 34 33 50 00** | **Keltia LE MARCHAND** | **Anne LENHARDT** |
| **HERBLAY** | **6 rue Romy Schneider****95220 HERBLAY****Tel : 01 34 33 53 00** | **Fanny BORDELAIS** | **Elisabeth CHRISTINY** |
| **PONTOISE / VEXIN** | **10/12 Boulevard Gambetta****95640 MARINES****Tel : 01 34 33 52 30** | **Vérane SAVY** | **Corinne CHARON** |
| **MONTMORENCY** | **5 place Mendès-France****95160 MONTMORENCY****Tel : 01 34 33 56 00** | **Catherine HAMON** | **Laurent GAETA** |

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| **CELLULE MASP** **D.G.A.S. 2 avenue de la Palette – CS 20201 - 95032 CERGY PONTOISE Cedex** |
| **Florence ALMASAN** | **Responsable** | **01 34 25 14 83** |
| **Laurence GRENÉ** | Assistante administrative | 01 34 25 37 40 |