

**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.

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- 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 € |  | | |  |  |  | | --- | --- | --- | | **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 €** | |

**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. |

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| **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** | **Jocelyne LABBE-GAZIER** |
| **ARNOUVILLE /  VILLIERS LE BEL** | **34 avenue Pierre Sémard**  **95400 ARNOUVILLE LES GONESSE**  **Tel : 01 34 33 59 70** | **Dominique OISEL** | **Pascal HOUSSAYS** |
| **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** | **Brigitte DANIEL** |
| **GARGES** | **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** | **19 avenue Gabriel Péri**  **95500 GONESSE**  **Tel : 01 34 33 81 00** | **Bénédicte FRANÇOIS** | **Nono MUSOKI** |
| **HAUTIL** | **40 avenue Gavroche**  **95490 VAUREAL**  **Tel : 01 34 33 50 00** | **Keltia LE MARCHAND** | **Marie-Pierre FAUQUEUR** |
| **HERBLAY** | **6 rue Romy Schneider**  **95220 HERBLAY**  **Tel : 01 34 33 53 00** | **Anne-Laure ROMAIN** | **Elisabeth CHRISTINY** |
| **MARINES** | **10/12 Boulevard Gambetta**  **95640 MARINES**  **Tel : 01 34 33 52 30** | **Vérane SAVY** | **Armelle FABLET** |
| **MONTMORENCY** | **5 place Mendès-France**  **95160 MONTMORENCY**  **Tel : 01 34 33 56 00** | **Catherine HAMON** | **Laurent GAETA** |
| **SARCELLES** | **30 avenue du 8 mai 1945**  **CS 10063**  **95842 SARCELLES Cedex**  **Tel : 01 34 33 83 00** | **Justine LEFEVRE** | **Anne LENHARDT** |

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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 |