**ALLEGATO “C”**

**L. 112/2016 – DOPO DI NOI - ANNUALITA’ 2016**

**PROGETTO D’AMBITO**

**ATS N. \_\_\_\_ ENTE CAPOFILA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **INTERVENTI DI SUPPORTO ALLA DOMICILIARITA’ – ART. 5 COMMA 4 DEL D.M. DEL 23.11.2016 LETT. B)**

**(Descrizione dei singoli “progetti comunitari” specificando per ciascuno il numero e le caratteristiche delle persone con disabilità incluse nel progetto e le azioni a sostegno della domiciliarità riferite al singolo e al gruppo che si intendono attivare. Specificare e descrivere anche eventuali azioni a sostegno della domiciliarità dei singoli già in essere e finanziate con altre risorse regionali o comunali nonché gli eventuali interventi previsti alle lettere a) e c) del D.M. 23.11.2016 dei quali già beneficiano gli stessi.**

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**Tabella n.1 – Indicare in questa sezione le spese riferite a tutti quegli interventi necessari a supportare la domiciliarità (art.5, comma 4 del D.M. del 23.11.2016 lett.b) della singola persona con disabilità che andrà a condividere la soluzione alloggiativa individuata, utilizzando i fondi della L. 112/2016.**

(per ogni singolo “progetto comunitario” compilare la seguente tabella):

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGETTO COMUNITARIO** **(denominare i singoli “progetti comunitari” per facilitarne l’identificazione)** | **UTENTE (Iniziali cognome e nome)** | **DESCRIZIONE INTERVENTI (specificare ogni singolo intervento)** | **SPESE PREVISTE** |
|  |   |   |  €  |
|   |  €  |
|   |  €  |
|   |   |  €  |
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|   |  €  |
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|   |  €  |
| **TOTALE** |  **€ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A)**  |

**Tabella n.2 - Indicare in questa sezione le spese degli interventi che coinvolgono le persone con disabilità che condividono la soluzione alloggiativa, utilizzando i fondi della L. 112/2016**

(per ogni singolo “progetto comunitario” compilare la seguente tabella):

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGETTO COMUNITARIO (denominare i singoli “progetti comunitari” per facilitarne l’identificazione)** | **INTERVENTI RIFERITI AL SINGOLO PROGETTO COMUNITARIO** | **SINGOLE VOCI DI SPESA** | **SPESE PREVISTE** |
|  | **PERSONALE** |   |  €  |
|   |  €  |
|   |  €  |
| **Totale PERSONALE** |  €  |
| **GESTIONE** |   |  €  |
|   |  €  |
|   |  €  |
| **Totale GESTIONE** |  €  |
| **SERVIZI** |   |  €  |
|   |  €  |
|   |  €  |
| **Totale SERVIZI** |  €  |
| **ALTRO** |   |  €  |
|   |  €  |
|   |  €  |
| **Totale ALTRO** |  €  |
| **TOTALE** |  **€ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (B)**  |

* **REALIZZAZIONE DI INNOVATIVE SOLUZIONI ALLOGGIATIVE – ART. 5 COMMA 4 DEL D.M. DEL 23.11.2016 LETT. D)**

**(Descrizione delle spese che si intendono sostenere, utilizzando i fondi della L. 112/2016, per oneri di acquisto, locazione, ristrutturazione e messa in opera degli impianti e delle attrezzature necessari per il funzionamento degli alloggi che andranno ad ospitare le persone con disabilità coinvolte nei suddetti “*progetti comunitari*, anche attraverso l’utilizzo delle tecnologie domotiche)**

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**Tabella n.3 - Indicare in questa sezione le spese relative agli oneri di acquisto, locazione, ristrutturazione e messa in opera degli impianti e delle attrezzature necessari per il funzionamento degli alloggi che andranno ad ospitare le persone con disabilità coinvolte nei suddetti “*progetti comunitari*, anche attraverso l’utilizzo delle tecnologie domotiche, che si intendono sostenere utilizzando i fondi della L. 112/2016.**

(per ogni singolo “progetto comunitario” compilare la seguente tabella):

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| --- | --- | --- | --- |
| **SOLUZIONE ALLOGGIATIVArelativa al “progetto comunitario" (denominare i singoli “progetti comunitari” per facilitarne l’identificazione)** | **UTENTE (Iniziali cognome e nome)** | **VOCI DI SPESA** | **SPESE PREVISTE** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |  €  |
|   |  €  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |  €  |
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|   |  €  |
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|   |  €  |
| **TOTALE** |  **€ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)**  |

**Tabella n.4 – Eventuali interventi previsti all’art. 5, comma 4 del D.M. 23.11.2016, lettere a) e c) di cui beneficiano le persone con disabilità coinvolte nei “progetti comunitari” di cui sopra e finanziati con altre risorse regionali e comunali.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGETTO COMUNITARIO (denominare i singoli “progetti comunitari” per facilitarne l’identificazione)** | **UTENTE (Iniziali cognome e nome)** |  ***lett. a) Percorsi programmati di accompagnamento per l’uscita dal nucleo familiare di origine ovvero per la deistituzionalizzazione*** | **lett. c) Programmi di *accrescimento della consapevolezza e per l’abilitazione e lo sviluppo delle competenze per favorire l’autonomia delle persone con disabilità grave e una migliore gestione della vita quotidiana***  |
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**TABELLA RIEPILOGATIVA DELLE SPESE PREVISTE**

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| --- | --- | --- | --- |
| **MISURA DI INTERVENTO** | **SPESA PER OGNI MISURA DI INTERVENTO** | **TOTALE** | **%** |
| **Art. 5, comma 4 del D.M. del 23.11.2016 - lett. b)** **Interventi di supporto alla domiciliarità in soluzioni alloggiative dalle caratteristiche di cui all’articolo 3, comma 4** |  € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **( A + B )**  |  €  |   |
| **Art. 5, comma 4 del D.M. del 23.11.2016 - lett. d)** **Realizzazione di innovative soluzioni alloggiative** |  € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **( C )**  |  €  |   |
| **TOTALE** |   |  **€**  | **100%** |