**CEDULA DE INFORMACION GENERAL**

**I.-DATOS GENERALES SOLICITANTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **NOMBRE Y APELLIDOS COMPLETO** | **RFC** | **GENERO** | **EDAD** |
|  |  |  |  |
| **FECHA DE NACIMIENTO** | **LUGAR DE NACIMIENTO** | **NACIONALIDAD** | **ESTADO CIVIL** | **RELIGIÓN** |
|  |  |  |  |  |
| **DOMICILIO**  |
|  |
| **TELEFONOS**  | **CORREO**  |
|  |  |

**II.-AREA ESCOLAR SOLICITANTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **ULTIMO GRADO DE ESTUDIOS** | **PERIODO AÑOS** | **INSTITUCION O ESCUELA** | **DOCUMENTO OBTENIDO** |
|  |  |  |  |
| **OTROS ESTUDIOS:** |  |

**III.-AREA LABORAL SOLICITANTE**

**Empleo actual**

|  |  |  |  |
| --- | --- | --- | --- |
| **NOMBRE DE LA EMPRESA O INSTITUCION** | **PUESTO** | **SUELDO MENSUAL** | **ANTIGUEDAD** |
|  |  |  |  |
| **NOMBRE DE JEFE INMEDIATO** | **DIRECCION Y TELEFONOS DE TRABAJO** | **HORARIO LABORAL** |
|  |  |  |

**Empleo inmediato anterior**

|  |  |  |
| --- | --- | --- |
| **TRABAJOANTERIOR** | **PUESTO** | **SUELDO MENSUAL** |
|  |  |  |
| **Periodo** | **NOMBRE DE JEFE INMEDIATO** | **MOTIVO DE SALIDA** | **DIRECCION Y TELEFONOS** |
|  |  |  |  |

**Empleo anterior**

|  |  |  |
| --- | --- | --- |
| **TRABAJOANTERIOR** | **PUESTO** | **SUELDO MENSUAL** |
|  |  |  |
| **Periodo** | **NOMBRE DE JEFE INMEDIATO** | **MOTIVO DE SALIDA** | **DIRECCION Y TELEFONOS** |
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| --- | --- | --- | --- |
| **HA TENIDO PROBLEMAS LEGALES O ADMINISTRATIVOS EN SUS EMPELOS** | **EN CASO AFIRMATIVO EXPLIQUE BREVEMENTE** | **FECHA DE INICIO Y TÉRMINO.** | **RESOLUCIÓN** |
|  |  |  |  |

**Observaciones:**

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**IV.- DATOS GENERALES NIÑA, NIÑO, ADOLESCENTE**

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| --- | --- | --- |
| **NOMBRE Y APELLIDOS COMPLETO** | **EDAD** | **LUGAR DE NACIMIENTO** |
|  |  |  |
| **RFC** | **GENERO** | **NACIONALIDAD** | **ESTADO CIVIL** |
|  |  |  |  |
| **DOMICILIO** |
|  |
| **TELEFONOS** | **CORREO** | **OCUPACIÓN** | **ESCUELA (PÚBLICA/PRIVADA)** |
|  |  |  |  |

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| **NOMBRE Y APELLIDOS COMPLETO** | **EDAD** | **LUGAR DE NACIMIENTO** |
|  |  |  |
| **RFC** | **GENERO** | **NACIONALIDAD** | **ESTADO CIVIL** |
|  |  |  |  |
| **DOMICILIO** |
|  |
| **TELEFONOS** | **CORREO** | **OCUPACIÓN** | **ESCUELA (PÚBLICA/PRIVADA)** |
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**Observaciones:**

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**V.- ESTRUCTURA FAMILIAR.**

**Familia de origen del solicitante**

| **NOMBRE** | **PARENTESCO** | **EDAD** | **EDO CIVIL** | **ESCOLARIDAD** | **OCUPACION** | **DOMICILIO** |
| --- | --- | --- | --- | --- | --- | --- |
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**Familia nuclear**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE** | **PARENTESCO** | **EDAD** | **EDO CIVIL** | **ESCOLARIDAD** | **OCUPACION** | **DOMICILIO** |
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**Otras parejas:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NOMBRE** | **EDAD** | **EDO CIVIL** | **ESCOLARIDAD** | **OCUPACION** | **PERIODO DE LA UNIÓN** | **DOMICILIO** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**VI.- DINAMICA FAMILIAR.**

1.- ¿Cómo es la convivencia en su familia?

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2.- ¿Qué tipo de problemas se presentan en su familia?

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3.- ¿Quién y cómo resuelven los problemas?

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4.- ¿Quién y cómo aplican la disciplina en el hogar?

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5.- ¿Cuáles son las principales reglas?

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6.- ¿Cuál es el manejo para las tareas del hogar?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.- ¿Cómo ha enfrentado la familia la separación con la hija/hijo?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.- ¿Tienen alguna propuesta para reintegrar a la niña/niño a la dinámica familiar?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.- ¿Cambiaría alguna de las costumbres adquiridas por la niña/niño en el país en el que se encuentra? ¿Por qué?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.- ¿En qué idioma se comunica la familia?

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11.- ¿Qué tipo de valores considera que le inculcará a la niña/niño?

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12.- ¿Que Instituciones ha revisado para la integración de NNA al ámbito escolar?

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13.- Antecedentes del problema.

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**Redes de apoyo:**

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| --- | --- | --- | --- |
| **Nombre** | **Parentesco** | **Dirección** | **Teléfono** |
|  |  |  |  |
|  |  |  |  |
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**VII. Salud**

¿Cuenta con Servicio de Salud? SI ( ) Especifique cual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Comprobante \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No tengo servicio Médico ( )

Enfermedades, diagnóstico y tratamiento:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Antecedentes de enfermedades familiares**

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**Hábitos**

¿Usted o alguien de su familia fuma? Especifique \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Usted o alguien de su familia consume alcohol? Especifique \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Usted o alguien de su familia consume o ha consumido algún tipo de droga? Especifique \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII. SITUACIÓN ECONÓMICA, FINANCIERA Y PATRIMONIAL**

El lugar en el que reside es:

Propio ( ) a nombre de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rentado ( ) pago $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prestado ( ) Especifique\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Otro ( ) Especifique: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Cuántas personas dependen económicamente de usted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿Qué actividad realiza en su tiempo libre? (Asistir al cine, teatro, parques, plazas comerciales, practicar deportes, viajes nacionales, internacionales, otro tipo de entretenimiento, especifique).

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**INGRESOS MENSUALES**

|  |  |
| --- | --- |
| **ASPECTOS ECONÓMICOS** | **CANTIDAD** |
| Salario actual solicitante |  |
| Otro ingreso  |  |
| Otro Ingreso  |  |
| **Total de ingresos** |  |

**EGRESOS MENSUALES**

| **CONCEPTO** | **CANTIDAD** |
| --- | --- |
| Agua  |  |
| Luz |  |
| Gas |  |
| Predial o Renta  |  |
| Teléfono  |  |
| Telefonía celular |  |
| Alimentación  |  |
| Esparcimiento  |  |
| Transporte  |  |
| Vestido  |  |
| Calzado |  |
| Seguros  |  |
| Internet |  |
| Mantenimiento |  |
| TV paga  |  |
| Gastos Médicos  |  |
| Otros |  |
| Deudas (concepto)  |  |
| **Total de egresos** |  |

**PATRIMONIO**

**Bienes muebles e inmuebles**

| **TIPO DE BIEN. (CASAS, DEPTOS., AUTOMÓVILES, TERRENOS.)**  | **UBICACIÓN** | **FECHA DE ADQUISICIÓN** | **FORMA DE ADQUISICIÓN****(CONTADO, CRÉDITO, PAGOS)** | **PROPIETARIO** | **DOCUMENTO QUE ACREDITA** |
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**Observaciones.**

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**REFERENCIAS BANCARIAS**

**Cuentas de ahorro, tarjetas de crédito bancarias y departamentales**

|  |  |  |  |
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| **TIPO DE CUENTA** | **BANCO O TIENDA** | **SALDO** | **TITULAR** |
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Otras deudas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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¿Tiene ahorros? Si ( ) No ( ) ¿Cuánto tiene ahorrado? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¿En dónde? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRMA DEL INTERESADO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMBRE Y FIRMA DEL SERVIDOR PÚBLICO.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_