**No. RADICACIÓN\_\_\_\_\_\_\_\_\_\_**

**FECHA DE RECEPCIÓN: Día: \_\_\_\_\_\_\_\_\_ Mes: \_\_\_\_\_\_\_\_\_\_\_\_\_ Año: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPENDENCIA QUE RECEPCIONA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1. **TIPOS DE VIOLENCIA** | | | | | | | |
| Intrafamiliar |  | Psicológica |  | Sexual |  | Maltrato Infantil |  |
| Patrimonial |  | Negligencia |  | Física |  | Económica |  |
| Fecha de Ocurrencia |  | | | | | | |

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| 1. **DATOS DE IDENTIFICACIÓN** | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRES Y**  **APELLIDOS** | | | | |  | | | | | | | | | | | **GÉNERO** | | F |  | | M |  |
| **ORIENTACIÓN SEXUAL/IDENTIDAD DE GÉNERO** | | | | | | | | | | | | | | | | | | | | | | |
| Lesbiana | | |  | | | | Gay | | | |  | | | Bisexual | | | | | |  | | |
| Mujer Trans | | |  | | | | Hombre Trans | | | |  | | | Intersexual | | | | | |  | | |
| **EDAD** |  | | **ESCOLARIDAD** | | | | |  | | | | **OCUPACIÓN/OFICIO** | | | | | |  | | | | |
| **DIRECCIÓN** | | |  | | | | | | | | | **TELÉFONO** | | | | | |  | | | | |
| **AFILIADA (O) A RÉGIMEN DE SEGURIDAD SOCIAL EN SALUD** | | | | | | | SI |  | NO | |  | Contributivo | | | | |  | Subsidiado | | | |  |
| EPS |  | | | | | | | | | Nivel / Puntaje Sisben | | | | |  |
| **ESTRATO SOCIOECONÓMICO** | | | |  | | **DISCAPACIDAD** | | | |  | | | | | **VÍCTIMA DE CONFLICTO ARMADO** | | | | | | |  |
| **NOMBRE DEL PADRE O ACUDIENTE (EN CASOS DE MENORES DE EDAD)** | | | | | | | |  | | | | | | | | | | | | | | |
| Teléfono | |  | | | | | | | Dirección | | | |  | | | | | | | | | |

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| 1. **PROGRAMAS Y/O SERVICIOS DE INCLUSIÓN** | | | | | | | |
| **NOMBRE DEL PROGRAMA Y /O SERVICIO** | | |  | | | | |
| **REQUISITOS** | Documento de Identidad | |  | SISBEN |  | Carné de Salud |  |
| Otro ¿Cuál? | |  | | | | | |
| Fecha de Ingreso | |  | | | | | |

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| 1. **OBSERVACIONES** |
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| **FUNCIONARIO QUE ATIENDE** | **USUARIO** |