

# SERVICIUL PUBLIC DE ASISTENTA SOCIALA CURTEA DE ARGES

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SE APROBA  
Sef S.P.A.S.,  
Mariana Moise

**CENTRUL DE ZI ACCES**  
Nr.     /

## FISA DE INCHIDERE A CAZULUI

**Nume / prenume:**

**Domiciliu:**

**Data nasterii:**

**Scoala :**

**Data intrarii in Centru:**

**Situatia socio-educativa in momentul inscrierii in Centru:**

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**Servicii sociale acordate:**

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**Rezultate obtinute:**

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**Motivul iesirii din Centru:**

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Întocmita de: