FICHE PRESCRIPTION

Fiche à remplir par le-la prescripteur-trice  
et à transférer par mail à mobylis@mobylis.org - Renseignements 06 72 77 60 79

***Date :***

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| IDENTIFICATION DU-DE LA PRESCRIPTEUR-TRICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organisme : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom du-de la prescripteur-trice : | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse : | | | | | XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Téléphone : | | | | | | | XXXX | | | | | | | | | | | | | | | | Mail : | | XXXX@ | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site sollicité | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vire | | | | | | | | | | | | | Flers | | | | | | | | Argentan | | | | | | | | | | Manche | | | | | |  | | | | | | | |
| Action sollicitée | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | |
| Diagnostic / accompagnement | | | | | | | | | | | | | | | | | Permis B/AM | | | | | | | | | | | MécaMobyl/garage | | | | | | | Rallye City | | | | | | | | | |
| Location Scooter | | | | | | | | | | | | | | | | | Location voiture | | | | | | | | | | | Micro-crédit | | | | | | | Mobycode | | | | | | | | | |
| BÉNÉFICIAIRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : | | XXXX | | | | | | | | | | | | | | | | Prénom : | | | | XXXX | | | | | | | | | | | | | | | | | | | | |
| Adresse complète : | | | | | | | | | | | XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Téléphone-s : XXX | | | | | | | | | | | | | | | | | | | | | | | | | | Né-e le : XXXX | | | | | | | | | | | | | | | | | |
| Mail : | | | Oui : | | | | | XXXX@ | | | | | | | | | | | | | | | | | | | Non | | | | | | | | | | | | | | |
| Situation familiale : | | | | | | | | | | | | Célibataire | | | | | | | | Couple sans enfant | | | | | | | | | | Couple avec enfant | | | | | | Monoparental | | | | | |
| STATUT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RSA : n° allocataire: XXX | | | | | | | | | | | | | | | | DE : id. Pôle Emploi : XXX | | | | | | | | | | | | | | | | Date d’inscription : XXXX | | | | | | | | | |
| Autre : préciser | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QPV | | | | | | | | | ASS | | | | | AAH | | | | | | | | | - de 26 ans | | | | | Salarié-e | | | | | SIAE | | | | Intérimaire | | | |
| Eligible FAJ : | | | | | | | | Oui | | | | | | | | | | Non | | | | | | | | |  | | | | | | | | | | |
| OBJECTIF DE LA PRESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| …………………………………………………………………………………………………………………………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Cadre réservé à Mobylis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reçu le : | | | | XXXX | | | | | | | | | | | | Transmis le : | | | | | | | XXXX | | | | | A : | | | | | XXXX | | | | | | | | |