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|  | **CONSTANCIA DE VISITA A LAS FAMILIAS BENEFICIARIAS** | | | | | | | | | | |  |
|  | **1. DEPARTAMENTO:** | |  | | | **5.No FAMILIAS:** | | |  | | |  |
|  | **2.MUNICIPIO:** | |  | | | **6. RADICACION:** | | |  | | |  |
|  | **3.NOMBRE DEL PROYECTO:** | |  | | | **7.TIPO DE SOLUCIÓN:** | | | | | |  |
|  | **4.FECHA DE VISITA:** | |  | | | **MEJORAMIENTO VIVIENDA NUEVA** | | | | | |  |
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| **Nombre Beneficiario Jefe de Hogar:** |  | **Teléfono** |  |
| **Grupo Familiar:** | | | |

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| **Estado del Proceso Constructivo** |  |  |  |  |  |  |
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| **Dificultades Sociales Encontradas** |  |  |  |  |  |  |
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| **Compromisos por Superar** |  |  |  |  |  |  |
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| **Logros de la Actividad Planteada en Visita Anterior (Cuantitativo)** |  |  |  |  |  |  |
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| **Actividades Sociales Realizadas** |  |  |  |  |  |  |
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| **Estado del Certificado de Recibo a Satisfacción** | Firmado | En tramite |

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| **Firma del Beneficiario** |  |  | **Firma Profesional Social** |  |  |  |

Nombre:

Parentesco