附件4

经济困难失能老年人等群体集中照护服务补助情况汇总表

填报单位： 年 月 日

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| **序号** | **姓名** | **性别** | **出生年月** | **身份证号码** | **户籍地** | **联系电话** | **能力评估结果** | **入住机构名称** | **领取补助****时间** | **每月补助金额** | **本年度累计补助金额** | **备注** |
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