附件4

经济困难失能老年人集中照护服务救助情况汇总表

填报单位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **序号** | **申请人姓名** | **性别** | **出生年月** | **身份证号码** | **户籍地** | **现居住地** | **联系电话** | **申请时间** | **能力评估结果** | **评估****机构** | **评估****时间** | **入住机构名称** | **收费标准** | **入住机构时间** | **入住机构时长** | **已获得的行政给付** | **每月救助金额** | **年度救助总额** | **备注** |
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