|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 |  |  |  |  |  |  |  |  |
| 中山市残疾人居家托养服务补助经费发放基础信息表 |
| 填报单位（盖章）： |  |  |  |  | 填表日期： |
| 序号 | 姓名 | 残疾人证号或残疾军人证号 | 残疾类别 | 残疾等级 | 经济状况 | 居住地址 | 监护人 | 联系电话 | 发放月数 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 负责人签名： |  | 联系电话： |  |