|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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： | | |  |