附件3

**20XX年度老人入住养老机构基本情况明细表**

区民政补贴盖章： 区财政部门盖章：

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 机构名称 | 老人姓名 | 身份证号码 | 老人自理程度 | 困难老人  类别 | 入住时限 |
| 1 | \*\*\* |  | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | \*\*\*\* | \*\*\* | \*个月 |
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说　明：1.困难老人类别填写：特困老人、城乡低保家庭老人或重点优抚对象老人。

2.老人自理程度填写：自理、半自理、不能自理。