附件1

贫困重度残疾人照护需求统计表

单位： 填表人： 填表时间：2019年 月 日

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| 姓名 | 性别 | 出生年月 | 地址 | 身份证号 | 残疾情况 | 申请到村、屯照护机构 | 申请到乡镇照护机构 | 备注 |
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| 合计 |  |  |  |  |  |  |  |  |