# 附件3

沙坡头区重度残疾人护理补贴汇总表

登记单位: (乡镇/街道、县/区民政局、残联）

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性别 | 户口性质 | 新增（1） | 死亡（1） | 残疾类别 | 残疾等级 |  残疾证号 | 补贴标准（元） | 一卡通 | 联系电话 |
| 开户行 | 户名 | 账号 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

备注：1.表中各列中的“(1）”表示“是”，如某补贴对象为男性，则在该列中填写数字“1”,否则不填写。

2.各单位填报此表时,1 式 2 份,盖章后上报 1 份,存档 1 份。