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| 附件8 | | | | | | | | | | | | | | | | | |
| 老年人能力评估汇总表 | | | | | | | | | | | | | | | | | |
| 填报单位： 填报时间： | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | 身份证号 | 性别 | | 家庭住址 | 身份类别 | | | | 评估结果 | | | | | 养老  方式 | | 联系电话 |
| 男 | 女 | 特困 | 低保 | 优抚 | 其他 | 能力完好 | 轻度失能 | 中度失能 | 重度失能 | 完全失能 | 居家 | 机构 |
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负责人： 审核人： 填表人：