附件4

**泉州台商投资区重度残疾人护理补贴发放花名册**

乡镇（盖章） 填报日期： 年 月

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| 序号 | 乡镇 | 村（居） | 姓名 | 身份证  号码 | 残疾证号 | 残疾  等级 | 补贴对象类别 | 联系方式 | 存折户名 | 账号 | 重度护理补贴  （元） | 发放  起始月份 | 备注 |
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| 合计：困难一级残疾人 名，补贴 元；二级残疾人 名，补贴 元；非困难一级残疾人 名，补贴 元；二级残疾人 名，补贴 元。 | | | | | | | | | | | | | |