|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件8  ××市（县）××年度民生工程残疾人救助与康复基础资料（残疾儿童抢救性康复） | | | | | | | | | |
| 填报单位： 填报时间： | | | | | |  |  |  |  |
| 序号 | 姓名 | 残疾人证号 | 家庭地址 | 残疾类型 | 治疗机构 | 治疗费用 | 配发器具 | 治疗效果 | 联系电话 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 填表人： |  |  |  |  |  | 审核人： |  |