2021年“困难残疾人家庭无障碍改造”项目花名册

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| 县（市、区）（公章） ： | | |  | | 填报人： 联系电话： 填报时间： | | | |
| **序号** | **姓 名** | **残疾类别及等级** | | **残疾人证号** | | **家庭地址** | **联系方式** | **主要改造内容** | | **改造费用（元）** |
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| 小 计 |  |  | |  | |  |  |  | |  |

填表说明：电子档格式统一为**EXCEL**