附件4：

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| **序号** | **姓 名** | **性别** | **救助对象身份证****号码** | **家庭住址（县乡村组）** | **监护人姓名** | **训练机构** | **训练时长（月）** | **监护人姓名** | **监护人联系电话** |
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 2021年省重点民生实事残疾儿童康复救助项目花名册

单位： 区县（市）残联（盖章） 报送时间：2021年 月 日