附件7

海淀区政府购买居家养老服务确认单（第 季度）

填报单位（盖章）： 年 月 日

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| 序号 | 老年人姓名 | 居住  地址 | 联系  电话 | 服务  时间 | 服务内容 | 老年人确认签字 | 备注 |
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