附件

（   ）区（县）   年第（   ）季度基本生活

     救助系统之外低保人员统计表

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| **序号** | **户主姓名** | **身份证号** | **救助方式** | **批准低保时间** |
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| **合计：        户** | | | | |

备注：所填报人员以上季度末数据为准

填表人：            负责人：          填表日期：