附件

梁平区小额临时救助审批汇总表

**2018年第（　　）季度**

**填报单位（盖章）： 填报时间：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **身份证号码** | **家庭地址** | **对象类别** | **困难类型** | **救助金额** | **联系电话** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 合计 |  |  |  |  |  |  |  |
| 备注：对象类别是指：A类：特困人员、孤儿；B类：城乡最低生活保障家庭；C类：民政建档特殊困难人员；D类：其他家庭或个人。 | | | | | | | |
| 困难类型是指：①重特大疾病救助；②长期维持基本医疗救助；③重特大灾（伤）害临时救助；④就学困难⑤其他特殊困难 | | | | | | | |
| 乡镇（街道）领导签字： 民政办（科）负责人： 经办人： | | | | | | | |