附件3：**＿＿＿＿＿＿＿＿（盖章）扶贫基地扶持残疾人名册**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓　名** | **性**  **别** | **年龄** | **残疾类**  **别及等级** | **家　庭**  **人口数** | **家庭住址** | **联系方式** | **扶持项目**  **及规模** | **扶持前人均年收入** | **扶持后人均年收入** | **帮　扶**  **责任人** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |

扶贫基地负责人签名（盖章）：　　　　　　　　　　　　　　　市（区）残联盖章：