附件7：

**2024年度养老机构运营补贴入住老人统计表**

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| 序号 | 机构名称 | 姓名 | 身份证号码 | 老人自理程度 | 入住月数 | 补贴金额 |
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说明：老人自理程度填写：自理、部分失能、完全失能。（注：依据《老年人能力评估》MZ/T039-2013进行评估。）