附件5：

巴州区农村互助养老登记表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 受助对象 |  | 联系电话 |  | | |
| 身份证号码 |  | | | 性别 |  |
| 户籍地址 |  | | | | |
| 助老员 |  | | 受助时间 | |  |
| 受助内容 | | | | | |
|  | | | | | |