附件2：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 秀山县大溪乡特殊困难群体关爱帮扶台账（样表）  乡镇（街道） 村（居）： | | | | | | | |  |
| 序号 | 姓 名 | 性别 | 身份证号码 | 人员类别 | 帮扶责任人  （职务） | 帮扶措施 | 联系电话 | 备注 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |