**附件1**

**吉林省民办养老机构相关信息统计表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **机构全称** |  | | | | | | | |
| **机构地址** |  | | | | | | | |
| **法人代表** |  | | | **建筑面积** | |  | | |
| **办公电话** |  | | | **法人手机** | |  | | |
| **民政登记证号** |  | | | | | | | |
| **设计床位数** |  | | **现有床位数** | | |  | | |
| **入住人数** | **年均人数** | |  | | **现有人数** | |  | |
| **失能老人数** | **年均人数** | |  | | **现有人数** | |  | |
| **护理人员数** |  | **其中：护理失能老人一线员工数** | | | | | |  |
| **护理失能老人急需用具** | |  | | | | | | |
| **网 址** |  | | | | | | | |
| **填表单位：（ 公 章 ）**  **法人代表：（ 签 章 ）** | | | | **推荐单位：（ 公 章 ）** | | | | |

**备注：1、民政登记证号必须填写；2、如果没有网址可暂不填写；3、推荐单位为县（市、区）老龄办；4、表格所填信息要真实可靠、须加盖公章或法人签章。**

**附件2**

**吉林省民办养老机构收住失能老人信息统计表**

填表时间： 年 月 日

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| --- | --- | --- | --- | --- | --- |
| **姓 名** | **性别** | **年龄** | **家庭详细住址** | **入住时间** | **是否享受**  **低保** |
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**附件3**

**吉林省民办养老机构护理失能老人一线员工信息统计表**

填表时间： 年 月 日

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓 名** | **性 别** | **年 龄** | **联系方式** | **该机构工作时间** | **月薪或报酬** |
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