附件5

拟享受养老服务资助对象公示名单（式样）

单位（盖章）： 日期： 年 月 日

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **所属村（社区）** | **评估结果** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |