附件4

特殊困难老年人服务需求对接台账

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| 序号 | 姓名 | 性别 | 身份证号 | 家庭住址 | 电话号码 | 是否存在服务需求 | 服务需求内容 | 对接机构（企业/部门） | 问题解决情况 | 备注 |
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