**2024年度舟山市贫困妇女“两癌”救助申报汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
| **填报单位：五一村** | | | | | **填报人：林意红** | | |  | | **联系电话：8080520** | |  | **填报时间：20231227** | |  |  | |
| **序号** | **申报人信息** | | | | | **患病情况** | | |  | | | | **家庭经济状况** | | **备注** | |
| **姓名** |  |  |  | | **患病名称** | **患病程度** | |  | |  |  | **人员类别** | **年人均纯收入（元）** |
| **1** | 虞安娜 |  |  |  | | 乳腺恶性肿瘤 | 恶性 | |  | |  |  | 低保 | 2000 |  | |
| **2** | 俞妙君 |  |  |  | | 右侧乳腺癌 | IIB期 | |  | |  |  | 支出型困难人口 | 9000 |  | |
| **3** | 吴顺花 |  |  |  | | 乳腺癌 | 晚期 | |  | |  |  |  | 39200 |  | |
| **4** |  |  |  |  | |  |  | |  | |  |  |  |  |  | |
| **5** |  |  |  |  | |  |  | |  | |  |  |  |  |  | |
| **6** |  |  |  |  | |  |  | |  | |  |  |  |  |  | |
| **7** |  |  |  |  | |  |  | |  | |  |  |  |  |  | |
| **8** |  |  |  |  | |  |  | |  | |  |  |  |  |  | |

填写说明：

1.填写对象：经过有诊断资质的医疗机构确诊、患有宫颈浸润癌IIB以上或乳腺浸润癌的低收入妇女。

2.人员类别：低保对象、特困人员、易返贫致贫人口、支出型困难人口。