様式第10号（第10条関係）

障害児相談支援給付費支給申請書兼

障害児相談支援事業所（変更）届出書

岸和田市福祉事務所長　　様

次のとおり申請します。　　　　　　　　　　　　　　　　　　　 令和　　年　　月　　日

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| 申　請　者 | フリガナ | |  | | | | 生年月日 | | | 昭和・平成　 　年　 月　 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　　名 | |  | | | |
| 居住地 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | |  | | | | | 個人番号 | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| フリガナ | | |  | | 続柄 |  | | 生年月日 | | | 平成・令和　 　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | |
| 支給申請に係る  児童氏名 | | |  | |
| 個人番号 | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| 支給申請に係る児童と  同じ世帯の世帯員の氏名 | | |  | | | | | 個人番号 | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| 支援を依頼した相談支援事業所について、以下のとおり（変更）届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 相談支援事業所を変更する理由（変更の場合に記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申請書提出者 | | □申請者本人　　□申請者本人以外（下の欄に記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | |  | | | | | | | 申請者  との関係 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | |
| 住所 | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

------------------------------------------【市記入欄】----------------------------------------

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| --- | --- | --- | --- |
| 課長 | 参事 | 担当長 | 担当員 |
|  |  |  |  |

審査の結果、支援（変更）が必要であると認められる

ため、下記のとおり決定し、申請者へ通知してよろしいか。

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| 支給決定日 | 令和　　年　　月　　日 | 相談支援事業所変更日 | 令和　　年　　月　　日 |
| 支給開始日 | 令和　　年　　月　　日 | 支給終了日 | 令和　　年　　月　　日 |
| モニタリング実施月 |  | | |