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| 様式第7号(第5条の2関係) | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | | | |
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| 障害児通所給付費支給決定通知書兼 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者負担額減額・免除等決定通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | 丸亀市福祉事務所長 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 年 月 日に申請のありました障害児通所給付費の支給（及び）（利用者負担額減額・免除等）について、児童福祉法第２１条の５の３及び第２１条の５の７の規定に基づき下記のとおり決定したので、受給者証を交付し通知します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受給者証  番号 | | | |  |  |  | | |  | | |  | | |  | | |  | |  | |  | |  | | | 通所給付決定  保護者氏名 | | | | | |  | | | | | | | | | | | | | | | | |
| 給付決定日 | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | 給付決定に係る  児童氏名 | | | | | |  | | | | | | | | | | | | | | | | |
| 負担上限月額 | | | |  | | | | | | | | | | | | | | | | | 円 | | | | | | 左の上限月額の  適用期間 | | | | | |  | | | | | | | | | | | | | | | | |
| 多子軽減対象 | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 給付決定内容 | 通所支援の種類 | | | | | | | | | | | | 支援の内容及び支給量 | | | | | | | | | | | | | | | | | | | | | 有効期間 | | | | | | | | | | | | | | | |
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| 特　記　事　項 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 肢体不自由児通所医療 | 公費負担者番号 | | | | | |  | | |  | | | |  | |  | | | |  | | |  | | |  | | |  | 公費受給者番号 | | | | | |  |  | |  | |  |  |  | |  | | | |  |
| 肢体不自由児通所医療（食事医療を除く)の  負担上限月額 | | | | | | 月額 | | | | | |  | | | | | | | | | | | | | | | 円 | |  | | | | | |  | |  | | | | | | | | |  | | |
| 上　限　額　の  適　用　期　間 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 不服申立て及び取消訴訟 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | この決定について不服があるときは、この通知書を受け取った日の翌日から起算して３か月以内に香川県知事に対し審査請求をすることができます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ | また、処分の取消しの訴えは、前記の審査請求に対する裁決書を受け取った日の翌日から起算して６か月以内に丸亀市を被告として（訴訟において丸亀市を代表する者は丸亀市長となります。）、提起することができます。なお、処分の取消しの訴えは、前記の審査請求に対する裁決を経た後（次の（１）から（３）までのいずれかに該当するときを除く。）でなければ提起することができないこととされています。  （１）審査請求があった日から３か月を経過しても裁決がないとき。  （２）処分、処分の執行又は手続の続行により生ずる著しい損害を避けるため緊急の必要があるとき。  （３）その他裁決を経ないことにつき正当な理由があるとき。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 問い合わせ先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 丸亀市 　　　　　部 　　　課 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 住所 | | | | 香川県丸亀市大手町二丁目４番21号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 電話 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |