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| 様式第24号(第5条の15関係) | | | | | | | | | |  | | | | | | |  | | | |  | |  | | | |  | | | | |  | | | | | | |
| モニタリング期間変更通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 継続サービス利用支援・継続障害児支援利用援助について、下記のとおり変更の決定をしましたので通知します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害福祉サービス  受給者証  番号 | | |  | |  |  | |  |  | | |  |  | |  |  | |  | 地域相談支援  受給者証  番号 | | | | |  |  |  | |  |  |  |  | | |  | |  | |  |
| 通所受給者証番号 | | |  | |  |  | |  |  | | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | |
| 変更に係る障害者  （保護者） | | |  | | | | | | | | | | | | | | | | 変更に係る  児童氏名 | | | | |  | | | | | | | | | | | | | | |
| 変更後の  モニタリング期間 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害福祉サービス受給者証、地域相談支援受給者証又は通所受給者証の提出期限及び提出先 | | |  | | | | | | | | | | | 提出先： | | | | | | 丸亀市 　　　　部 　　課 | | | | | | | | | | | | | | | | | | |
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