様式第21号（第11条関係）

|  |
| --- |
| 第　　　　　号  　　　　年　　月　　日  丸亀市福祉事務所長　様  施設長　氏名  被措置者状況変更届  当施設に入所中の次の者について状況の変更が認められますので、老人福祉法施行規則第６条により、届け出ます。  １　被措置者　氏名  年齢　　性別  ２　措置の変更（廃止、停止）の理由  ３　措置の変更（廃止、停止）を必要とする理由が生じた年月日（停止の場合に  あってはその予定期間） |

別紙

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| １　　　　　　　　　　　　年　　月分措置費請求明細書 | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所人員 | | 措置費額 | | | | | | | | | | | | | | | | | | | 前月過不足額 | | | 差引請求額 |
| 一般生活費 | | | | |  |  |  | |  | |  | |  | |  | |  | |
| 生活費 | | 入院患者日用品費 | | |
| 人 | | 円 | |  | | |  |  |  | |  | |  | |  | |  | |  | | 円 | | | 円 |
| ２　　　　　　　　　　　　年　　月分措置費精算明細書 | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | | | | | | 請求額 | | | 精算内訳 | | | | | | | | 差引過・不足額 | | | | | | 備考 | |
| 人員 | | | | 金額 | | | |
| 一般生活費 | | | 生活費 | | | 円 | | | 人 | | | | 円 | | | | 円 | | | | | |  | |
| 入院患者日用品費 | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 被服加算 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 期末加算 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 冬期加算 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
|  | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 葬祭費 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 移送費 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 事務費 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| 合計 | | | | | |  | | |  | | | |  | | | |  | | | | | |  | |
| ３　　　　　　　　　年　　月分措置費精算明細書（個人別内訳書） | | | | | | | | | | | | | | | | | | | | | | | | |
| № | 被措置者氏名 | | | | 措置費 | | | | | | | | | | | | | | | | | | | 備考 |
| 一般生活費 | | | | | 被服加算 | | 期末加算 | | 冬期加算 | |  | | 葬祭費 | | 移送費 | | 事務費 | 合計 |
| 生活費 | | 入院患者日用品費 | | |
|  |  | | | | 円 | | 円 | | | 円 | | 円 | | 円 | |  | | 円 | | 円 | | 円 | 円 |  |
|  |  | | | |  | | | | |  | |  | |  | |  | |  | |  | |  |  |  |
| （中略） | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |
|  |  | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |