様式第20号（第12条関係）

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| （特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費）  支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【　　　 年 月分】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 丸亀市福祉事務所長　宛 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 下記のとおり、関係書類を添えて（特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費  特例地域相談支援給付費）の支給を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| フリガナ | | | |  | | | | | | | | | | | | | | | | | 障害福祉サービス受給者証番号 | | | | | | | | | | | | | | | | | | | |
| 申請者氏名 | | | | 個人番号： | | | | | | | | | | | |  | | | | |  | |  |  | | |  | |  | |  |  | |  | |  | |  | | |
| 地域相談支援受給者証番号 | | | | | | | | | | | | | | | | | | | |
| 申請者生年月日 | | | | 年 月 日 | | | | | | | | | | | | | | | | |  | |  |  | | |  | |  | |  |  | |  | |  | |  | | |
| 居住地 | | | | 〒 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ | | | |  | | | | | | | | | | 生年月日 | | | | | | 年 月 日 | | | | | | | | | | | | | | | 続柄 | | | | | |
| 支給決定に係る  児童氏名 | | | | 個人番号： | | | | | | | | | |  | | | | | |
| 特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費請求額 | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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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 | | | | 〒 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 上記に関する（特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費）を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 口座振込依頼欄 |  | | | | | | |  | | | | | | | 種 目 | | | | １　普通　２　当座　３　その他 | | | | | | | | | | | | | | | | | | | | | |
| 口　座　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金融機関コード | | | | | | | 店舗コード | | | | | | |  | |  | | | | |  | | |  | | | | |  | | |  | | | |  | | | |
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| フ リ ガ ナ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口 座 名 義 人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注意）この申請書に該当月分の領収証及びサービス提供証明書を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 市町村記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 領収書確認欄 | | | サービス提供  証明書確認欄 | | | | | | 備　考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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