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| 様式第18号2 | | | | | | |  | | |  | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | | |
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|  | | | 令第四十三条の五第六項に規定する高額障害福祉サービス等給付費支給（不支給）決定通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| 年 月 日に申請のありました高額障害福祉サービス等給付費の支給について障害者の日常生活及び社会生活を総合的に支援するための法律施行令第四十三条の五第六項に基づき下記のとおり決定しましたので通知します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | | 記 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 対象者氏名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | 受給者  証番号 | | | | | | |  |  |  | |  | |  |  |  | | | |  |  | |  | |
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| 受付年月日 | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | 決定年月日 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | |
| 障害福祉相当  介護保険  サービスに係る  本人支払額（注） | | | | | | | | 円 | | | | | | | | | | | | | |  | | 申請に係る  障害福祉相当介護保険サービスの利用月 | | | | | | | | | | 年 月分 | | | | | | | | | | | | | | | | |
| 支　給 | | | | | | | | □する　　□しない | | | | | | | | | | | | | | | | 支給金額 | | | | | | | | | | 円 | | | | | | | | | | | | | | | |  |
| 不支給の理由 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注）生活保護受給者等の方については、生活保護制度における介護扶助等の金額を記載（本人支払額があれば分けて記載）しています。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 振込先 | | | | 金融機関 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 口座種目 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 口座番号 | | | | | | |  | | |  | | |  |  | |  | | | | |  | | | |  | | |
| 口座名義人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 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か月以内に鳥取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か月以内に日南町を被告として（訴訟において日南町を代表する者は日南町長となります。）、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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３ | | ただし、上記の期間が経過する前に、この決定があった日の翌日から起算して１年を経過した場合は、原則として審査請求することができなくなり、また、審査請求に対する裁決があった日の翌日から起算して１年を経過した場合は、原則として決定の取消しの訴えを提起することができなくなります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 問い合わせ先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日南町福祉事務所（福祉保健課） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 住所 | | | 鳥取県日野郡日南町生山511-5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 電話 | | | 0859-82-0374 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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