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| 様式第3号 | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | |  | | | | |
| 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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| 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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 無償化対象期間 | | | | | |  | | | | | | | | | | | | | | | | |
| 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（食事療養を除く)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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |