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| 様式第15号（第15条関係） | | | | | | |  | | |  | | | |  | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | |
|  | | 障害児相談支援給付費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 貝塚市長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申　請　者 | フリガナ | |  | | | | | | | | | | | | | | | | | 個人番号 | | | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | |  |  |  | |
| 氏名 | |  | | | | | | | | | | | | | |  | | | 生年月日 | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 居住地 | | 〒 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ | | |  | | | | | | | | | | | | | | | | | 個人番号 | | | | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  |  |  |  | |
| 支給申請に係る  児童氏名 | | |  | | | | | | | | | | | | | | | | | 生年月日 | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
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| 障害児相談支援を依頼した指定障害児相談支援事業所名 | | |
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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） | | | |
| 氏名 |  | | 申請者  との関係 |  |
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