様式第3号（第2条関係）

ねたきり老人等介護手当支給者台帳

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者 | 氏名 |  | | | | | 現住所 |  | | | | 介護の状況 |  |
| 生年月日 | 明  大 年 月 日  昭 | | | 性別 | 男・女 | ねたきり老人又は認知症老人との関係 | | | |  |
| ねたきり老人又は認知症老人 | 氏名 |  | | | | | 現住所 |  | | | |
| 生年月日 | 明  大 年 月 日  昭 | | | 性別 | 男・女 | ねたきり又は認知症になった年月日 | | | |  |
| 老人状況 | |  | | | | | | | | | | | |
| ねたきり老人等介護手当支払記録 | | | | | | | | | | | | | |
| 支払年度 | | |  | 支払金額 | | | | | 円 | 取扱者印 | | | |
| 月 |
| 年度 | | | 4 |  | | | | | |  | | | |
| 5 |  | | | | | |  | | | |
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| 11 |  | | | | | |  | | | |
| 12 |  | | | | | |  | | | |
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| 2 |  | | | | | |  | | | |
| 3 |  | | | | | |  | | | |