様式第16号（第15条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （身体障害者　知的障害者）障害程度区分変更申請書  椎葉村長  次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | |
|  | 申請者 | 施設受給者証番号 |  | |  |  |  |  |  |  |  |  |  | 申請年月日 | | | 年　　月　　日 | | |  |
| フリガナ |  | | | | | | | | | | | | 生年月日 | |  | 年　　月　　日 | |
| 氏名 |  | | | | | | | | | | | |
| 性別 | | 男　・　女 | | |
| 居住地 |  | | | | | | | | | | | | | | | | |
| 現在の施設訓練等支援の種類、内容及び障害程度区分 |  | | | | | | | | | | | | | | | | |
| 変更を申請する理由 | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | 届出者 | フリガナ | |  | | | | | | | | | | | | □代理人 | | | □代行者 |  |
| 氏名 | |  | | | | | | | | | | | | 申請者との関係 | | |  |
| 居住地 | | 〒  電話番号 | | | | | | | | | | | | | | | |
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