様式第5号（第5条関係）

心身障害者（児）福祉手当支給台帳

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| 支給番号 | | | | |  | | | 認定年月日 | | | | | | 年　　　　月　　　　日 | | | | 地区 | | | | | |
| 氏名 | フリガナ | | | | | | | | | 住所 | 宮崎県東臼杵群椎葉村大字　　　　　　　　　　　　番地 | | | | | | | | | | ＴＥＬ | | |
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| 生年月日 | | | | Ｍ・Ｔ・Ｓ　　　　　・　　　・　　　生 | | | | | | | | | | |  | | | | | | | | |
| 手当年額 | | 支給年月日 | | | | 支給額 | | | 領収印 | | | 所得額 | | | | 支給年月日 | 支給額 | | | 領収印 | | 所得額 | |
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| 受給資  格喪失 | | | 受給資格喪失年月日 | | | | | | | | | | 受給資格喪失理由 | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | |  | | | | | | | | | | |
| 身障手帳状況 | | | | | | | 都道府県　　　　　号 | | | | | | | | | 種級 | | | | | | | |
| 特記事項 | | | | | | | | | | | | | | | | | | | | | | | |