様式第6号（第7条関係）

八頭町身体障害者手帳交付対象外の難聴児への補聴器購入等助成事業交付決定児管理簿

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| 交付番号 | 対象児童名 | 生年月日 | 住所 | 補聴器の種類 | 交付年月日 | 補聴器購入、修理又は再購入年月日 | 補聴器購入費、修理費又は再購入費 | 自己負担額 | 公費負担額 |
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