様式第3号(第2条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保護決定調書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地区名 | | | | ケース番号 | | | | | | | | | 世帯主名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 支払方法 | | | | | | | | | | | 異動内容 | | | | | | | | | 適用年月日 | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| 申請書受理簿 | | | | | | | |  | | | ケース番号登載簿 | | | | | | | | | | | | | |  | | | | | | 金品支給台帳 | | | | | | | | | | | | | | | | | | |  | | | | | | 統計資料 | | | | |  | | | | | | 医療 | | | | | |  | |
| 決裁 | | 所長 | | | | | | 課長 | | | | | | 課長補佐 | | | | | | | | | 指導員 | | | | | | | | | 担当員 | | | | | | | | | | 起案年月日 | | | | | | | | | | | | | 決裁年月日 | | | | | | | | | | | 発送年月日 | | | | | | | | |
|  | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | 年　月　日 | | | | | | | | |
| 保護決定伺  調書のとおり決定し、例文により通知してよろしいか。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開始、廃止等の理由・通知案 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最低生活費認定額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 番号 | | | 氏名 | | | | 性別 | | | 年齢 | | | | 基準 | | | | | | | | | | 第一類費 | | | | | | | | | | | 加算 | | | | | | 加算額計 | | | | | | 学校 | | | | | 基準額 | | | | | | 給食費 | | | | | | 通学費 | | | | | | | 給付金 | | | |
| 生活 | | | 級地 | | | | | 冬期 | |
|  | | |  | | | |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | |
|  | | |  | | | |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | |
| 略 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | |
|  | | |  | | | |  | | |  | | | |  | | |  | | | | |  | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 第一類費 | | | | | 加算額計 | | | 二類居宅 | | | | | | 二類別居 | | | | | 冬季居宅 | | | | | | 冬季別居 | | | | | | | 生活費計 | | | | | |  | 期末居宅 | | | | | 期末別居 | | | | | |  | | | 施設事務費 | | | | | |  | | 介護保険加算(再掲) | | | | | | | | | | | |  |
|  | | | | |  | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | |
| 収入充当額内訳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 番号 | | | 氏名 | | | | | | | 収入金額(1) | | | | | | 収入金額(2) | | | | | 収入金額(3) | | | | | | 収入金額(4) | | | | | | | 未成年 | | | 新規 | 実費控除 | | | | | | 特別徴収額(再掲) | | | | | | 基礎控除 | | | | | | | 特別控除 | | | | | | 他控除 | | | | | | | 認定額 | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | |  |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | |  |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | |
| 略 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | |  |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | |  |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | |
|  | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | |  |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | |
| 扶助額決定欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 種類 | | | 最低生活費 | | | | | | | 収入充当額 | | | | | | | | 扶助額 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活 | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| 住宅 | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | 種類 | | | | | | | | | | | | 生活 | | | | 住宅 | | | | | | | 教育 | | | | 一時 | | | | 合計 | | | | | | | | 本人支払 | | | | | |
| 教育 | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | 月分支給額 | | | | | | | | | | | |  | | | |  | | | | | | |  | | | |  | | | |  | | | | | | | |  | | | | | |
| 合計 | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | 月分支給額 | | | | | | | | | | | |  | | | |  | | | | | | |  | | | |  | | | |  | | | | | | | |  | | | | | |
| 一時 | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | 月分支給額 | | | | | | | | | | | |  | | | |  | | | | | | |  | | | |  | | | |  | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 一時扶助内訳  (再掲) | | | | | | | 生活 | | | | | | | 住宅 | | | | | | | | | 教育 | | | | | | | | 介護 | | | | | | | 医療 | | | | | | 出産 | | | | | | | | 生業 | | | | | | | | 葬祭 | | | | | | |  | | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |