様式第2号(第2条関係)

　(表)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保護台帳 | | | | | | | | | | | | | | | | | | | | | ケース番号 | | |  | | | | |
| 世帯主氏名 | |  | | | | | | | | | 居住地現在地 | | | | |  | | | | | | | | | | | | |
| 本籍地 | |  | | | | | | | | | | | | | | | 居住の始期 | | | | | 年　　月　　日 | | | | | | |
| 保 護 開 始  年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | 保 護 廃 止  年月日 | | | | | | 年　　　月　　　日 | | | | | |
| 氏　　名 | | | | | | 個人番号 | | 続柄 | | 性別 | | 年齢 | | 生年月日 | | | | | 学歴 | | | | 心身の状況 | | | | 職　　業 | |
| 特殊技能 | 現職 |
| 1 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 2 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 3 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 4 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 5 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 6 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 7 |  | | | | |  | |  | |  | |  | |  | | | | |  | | | |  | | | |  |  |
| 資産の調 | 区分 | | 内容及び  見積額 | | | | | 処分の可否 | | | | 負債の調 | | 種類 | | | | | | 金額 | | | | | | 契約の内容 | | |
| 土地  家屋  その他 | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | |
| 住居の状況 | 自家借家(間)の別 | | | | 規模構造 | | 建坪 | | 畳数別室数 | | | | 衛生状態 | | 水道設備 | | | 電灯数 | | | | | | | 貸間の有無及びその広さ | | | |
|  | | | |  | |  | |  | | | | 良  不良 | | 有  無 | | | W　個  W　個  W　個 | | | | | | |  | | | |

　(裏)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 不在者の状況 | 氏名 | 続柄 | 性別 | 年齢 | 不在の時期及び不在者の現在地 | 原因 | 家庭との関係 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 扶養義務者の状況 | 氏名 | 続柄 | 性別 | 年齢 | 住所 | 扶養能力の有無及び扶養の程度 | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
| 備考 | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |