様式第6号（第9条関係）

聴覚障がい児への補聴援助システム購入助成事業交付台帳

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| 交付番号 | 対象児童名 | 生年月日 | 住　所 | 補聴援助システムの名称等 | 決定年月日 | 購入年月日 | 購入費 | 自己負担額 | 公費負担額 |
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