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| 様式第３号 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| （介護給付費　訓練等給付費　特定障害者特別給付費　地域相談支援給付費） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支給（給付）決定通知書兼利用者負担額減額・免除等決定通知書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | 様 | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 年 月 日に申請のありました（（介護給付費　訓練等給付費　特定障害者特別給付費　地域相談支援給付費）の支給）（及び）（利用者負担額減額・免除等）について、（障害者の日常生活及び社会生活を総合的に支援するための法律第２２条（及び）第２９条）（障害者の日常生活及び社会生活を総合的に支援するための法律第３４条）（障害者の日常生活及び社会生活を総合的に支援するための法律第５１条の７及び第５１条の１４）の規定に基づき下記のとおり決定し、受給者証を交付しますので通知します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害福祉サービス  受給者証  番号 | | | | |  | | | |  | |  | | | |  | | |  | | | | |  | |  |  | | |  | | | | |  | | 地域相談支援  受給者証  番号 | | | | | | | |  | | |  | | |  | | | |  | |  |  | |  | | | |  | |  | | |  |
| 支給(給付)決定障害者  （保護者）氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 支給決定に係る  児童氏名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害支援区分 | |  | | | | | 支給(給付)  決定年月日 | | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | 障害支援区分の  有効期間 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 支給(給付)決定内容 | サービスの種類 | | | | | | | | | | | | | | | | | | 支援の内容及び支給(給付)量 | | | | | | | | | | | | | | | | | | | | | | | | | 有効期間 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 特　記　事　項 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用者負担上限月額 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 円 | | | | 左の上限月額の  適用期間 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特定障害者特別給付費  (施設入所支援) | | | | | | 日額 | | | | | | | |  | | | | | | | | | | | | | | 円 | | | | 左の給付費の  適用期間 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特定障害者特別給付費  (共同生活援助・  重度障害者等包括支援) | | | | | | 月額 | | | | | | | |  | | | | | | | | | | | | | | 円 | | | | 左の給付費の  適用期間 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 療養介護医療 | 公費負担者番号 | | | | | | |  | | | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | 公費受給者番号 | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 療養介護医療(食事療養(生活療養)を除く)の負担上限月額 | | | | | | | 月額 | | | | | | | |  | | | | | | | | | | | | | | | | | 円 | | | | 食事療養(生活療  養) の負担上限月額 | | | | | | | | 月額 | | | | | |  | | | | | | | | | | | | | | | 円 | | | |
| 上　限　額　の  適　用　期　間 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 不服申立て及び取消訴訟 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １ | この決定について不服があるときは、この通知書を受け取った日の翌日から起算して3か月以内に高知県知事に対し審査請求をすることができます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２ | また、処分の取消しの訴えは、前記の審査請求に対する裁決書を受け取った日の翌日から起算して6か月以内に土佐清水市を被告として（訴訟において土佐清水市を代表する者は土佐清水市長となります。）、提起することができます。なお、処分の取消しの訴えは、前記の審査請求に対する裁決を経た後（次の（１）から（３）までのいずれかに該当するときを除く。）でなければ提起することができないこととされています。  （１）審査請求があった日から3か月を経過しても裁決がないとき。  （２）処分、処分の執行又は手続の続行により生ずる著しい損害を避けるため緊急の必要があるとき。  （３）その他裁決を経ないことにつき正当な理由があるとき。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３ | ただし、上記の期間が経過する前に、この決定があった日の翌日から起算して１年を経過した場合は、原則として審査請求することができなくなり、また、審査請求に対する裁決があった日の翌日から起算して1年を経過した場合は、原則として決定の取消しの訴えを提起することができなくなります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 問い合わせ先　　土佐清水市福祉事務所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 住所 | | | | | | 土佐清水市天神町11番2号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 電話 | | | | | | 0880-82-1118 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |