様式第１（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 軽度・中等度難聴児補聴器購入費等( 購入 ・ 修理 )給付申請書  申請日　　　　年　　月　　日  　(宛先)小牧市長   |  |  | | --- | --- | | (申請者)※給付対象となる児童の保護者 | | | 住所 |  | | 氏名 | 給付対象者との続柄(　　) | | 電話番号 |  |   下記のとおり軽度・中等度難聴児補聴器購入費等の給付申請をいたします。  なお、給付資格等の審査のため、私の世帯の住民登録情報、課税資料を公簿により確認されることに同意します。  記   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 対象者 | 住所 | |  | | | | | | | | フリガナ | |  | | | | | | | | 氏名 | |  | | | | | | | | 生年月日 | |  |  | | 年齢 |  | 性別 |  | | 購入・修理を受ける 補聴器名 | | |  | | | | | | | | 希望する補聴器業者 | | 名称 |  | | | | | | | | 所在地 |  | | | | | | | | 電話 |  | | FAX | |  | | | | 該当する所得区分 | | |  | | | | | | | |

備考　用紙の大きさは、日本産業規格Ａ４とする。