第31号様式(第38条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 自立支援医療受給者証再交付申請書（更生医療） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受診者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | |  | | | | | | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | |
| 個人番号 |  | |  | | |  | | |  | | | |  | | |  | | | |  | | | |  | |  | | |  | |  | |  | |
| 保護者(受診者が18歳未満の場合記入) | | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | 続柄 | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | |  | | |  | | |  | | |  | | |  | |  | | | |  | |  | | |  | |  | |  | |  |
| 自立支援医療費受給者番号 | |  |  | |  | | |  | | |  | |  | | |  | | |  | | |  | | | | | | | | | | | | | |
| 受給者証の有効期間 | | 年　　月　　日　　から　　　　　　年　　月　　日　　まで | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請の理由 | | 破れ　・　汚れ　・　紛失　・　その他(　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 私は、自立支援医療受給者証（更生医療）の再交付を受けたいので、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施行令第33条第1項の規定により申請します。  　　　　　　申請者氏名  　　　　　　　　　　　年　　　月　　　日  (あて先)長崎市福祉事務所長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　1　破れたり、汚したりした受給者証は添付してください。

　　　2　失つた受給者証を発見したときは、必ず返納してください。