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| 様式第１４号（第２条関係） | | | | | | | |  | | | | | |  |  | |  | | 福祉事務所　　　　　　　　受理年月日 | | | | | |
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|  | 保　　護　　変　　更　　申　　請　　書 | | | | | | | | | | | | | | | | | | | | | | |  |
|  | （　就 職 支 度 費　） | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 沖縄市福祉事務所長　　 様 | | | | | | | | |  | 年　　　　月　　　　日 | | | | | | | | | | | | |  |
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|  |  | |  | |  |  | |  | |  | 氏名 | | | | |  | | |  | |  | | |  |
|  | 下記のとおり、生活保護法による保護の変更を申請します。 | | | | | | | | | | | | | | | | | |  | |  | | |  |
|  | 記 | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 就職者氏名 | | |  | | | 世帯主との続柄 | | | | | |  | | | | | | 年齢 | 歳 | | | |  |
|  | 就職先の名称 | | |  | | | 所　在　地 | | | | | |  | | | | | | | | | | |  |
|  | 職　　　　種 | | |  | | | 就職年月日 | | | | | | 年　　　月　　　日 予定 | | | | | | | | | | |  |
|  | 就職支度に必要なもの | 品　　　　名 | | 単　価 | | | 数　量 | | | | | | 金　額 | | | | | 備　考 | | | | | |  |
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|  | 見　積　者 | 上記のとおり見積します。 | | | | | | | | | | | | |  | |  | |  | | | |  |  |
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