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| 保護決定調書  様式第２５号 | | | | | | | | | | | | | | | | | | | | 決裁 | | 所長 | | | | | | | | 次長 | | | | | 課長 | | | | 係長 | | | | | 担当 | | | | | | 合議 | | | 課長 | | | 管理 | | | | | | 医療 | |
| 起案年月日 | | | | | | | | | 年月日 | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | |  | | | | | |  | |
| 決裁年月日 | | | | | | | | | 年月日 | | | | | | | | | | | 開始理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開始年月日 | | | | | | | | | 年月日 | | | | | | | | | | |
| ケース番号 | | | | | | | | | 地区 | | | | | | | | 担当員 | | | | | | | | | 民生委員 | | | | | | | | | 世帯類型 | | | | | | | 労働力類型 | | | | | | | | 格付 | | | | | 分離 | | | 国籍 | | | | | 費用 |
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| 世帯主氏名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 定例支払方法 | | | | | | |  | | | | | | | | | | | | | 支払場所 | | | | | | | |  | | | | | |
| 住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 住宅状況 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 異動認定日 | | | | | | | | | | | | | | | | 内容 | | | | | | | | | | | | | 下記の理由により、保護を決定し、通知してよいか。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 最低生活費認定欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 番号 | | 氏名 | | | 性別 | | | 年齢 | | 続柄 | | 級地 | | 形態 | | | | | １類費等 | | | | | 加　　算 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 職学 | | | | 教育生業 | | | | | | | |
| 種　　類 | | | | | | | | | | | | | | | | | | 加算計 | | | 保険料 | | | | | | | 基準額 | | | | | | 給食費 | |
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|  | | | | | 人数 | | | | | １類費等 | | | | ２類費 | | | | | | | 一般加算 | | | | | | | 冬季加算 | | | | | | 期末一時 | | | | 生活計 | | | | 住宅実費 | | | | | 住宅認定 | | | | | | | 教育計 | | | 生業計 | | | | 最生費計 | | |
| 在宅  別居  入所等 | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | | |  | | |
| 世帯計 | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |  | | |  | | | |  | | |
| 収入充当額内訳欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 番号 | | | | 種類 | | | | | | | 期限 | | | | 収入額 | | | | | | | | | | | | | | | 必要経費 | | | | | | 基礎控除 | | | | | | | | 新規就労 | | | | | | | 未成年者 | | | | | 特別控除 | | | | | | 収入充当欄 | |
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| 必要経費 | 番号 | | | | | | 種類 | | | | | | | | 金額 | | | | | | | | | | 番号 | | | | | | | | 種類 | | | | | | | | 金額 | | | | | 番号 | | | | | | | 種類 | | | | | | 金額 | | | | |
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| 扶　助　決　定　欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 最低生活費 | | | | | | | | | | 収入充当額 | | | | | | | | | 扶助額 | | | | | | | | | 月分 | | | | | | | | 月分 | | | | | | | 月分 | | | | | 月分 | | |
| 生  活 | | | 居宅 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 入院 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 入所 | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 保険料 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 住宅 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 教育 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 生業 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 期末一時 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 施設事務費 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 合　　計 | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 本人支払額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | |
| 一時扶助 | | | 番号 | | | 扶助名 | | | | | | | | | | | | 支払方法 | | | | | | | | | | | | | 支給金額 | | | | | | | | | 番号 | | | 区分 | | | | | 支払方法 | | | | | | | | | | | | 支給金額 | | | |
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