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| （第１号様式） | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| □７０歳以上の方について→敬老優待乗車証の交付  （無・有→敬老優待乗車証の回収） | |  | | | | | | | | | | | | | | | 重度障がい者等タクシー料金給付事業申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | 大阪市長　あて | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |
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|  | | タクシー給付券の交付を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | |  | | |  | |  |  | |  | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | | | | | |
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|  | | 使用資格を失った時、不要になった時は区保健福祉業務担当へ返還します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 申請者  （本人） | | | | | | | | | フリガナ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 住所　　大阪市　　　　　　　区  丁目　　　　　番　　　　　　　　号  （方書・ﾏﾝｼｮﾝ名など　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号　　　　　－　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年  月日 | | | | | | 年　　　月　　　　日　（　　　　歳） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70歳以上の方について→敬老優待乗車証の交付（無・有→敬老優待乗車証の回収） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 変更前券種 | | | | | | | タクシー・リフト付・併用 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | □　新規交付 | | | | | | | | | | | | | | | | | | | | |  | | □　市外転入交付 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | □その他 | | | | | | | | | | | | | | |  | | |  | | |  | | | 介護人付・介護人付（単独可） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | □　券種変更　[　交通⇒タクシー、タクシー券各種変更　] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | | 単独用無料（被爆者・戦傷病者）・割引証 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 使用目的　　[　　通勤　　・　　通学　　・　　その他　　] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | 旧券回収　⇒　　　済 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 更新時交付方法　　[　　郵送　　・　　窓口　　・　　点字（要・不要）　] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | 手帳・証書　番号　[　　　　　　　　　　　　　　　　　　　　　　] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | 旧券番号[　　　　　　　　　　　　　　　] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 審　　　　　査 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | □　タクシー給付券 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （　　　冊目）（　　　　　枚） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | |  | | |  | |  |  | |  | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | | | | | |
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|  | | | | □身障第１種 | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | □身障第２種（下肢3級の2，3、下肢4～7級の複合により下肢の等級が3級以上、  　　　　　　【乳幼児期以前の非進行性の脳病変による運動機能障がい】1上肢の上肢機能2級以上又は、1下肢の移動機能3級以上） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | | | | □療育Ａ・Ｂ１ | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | |  | | | | | **タクシー券交付冊数（新規・券種変更）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | □被爆者・戦傷病者（項症） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | |  | | | | | ４　～　７月 | | | | | | | | | |  | | | | | | ⇒ | | | | | | | |  | | | | | | | １冊目 | | | | | | | | | | | | | |
| □　リフト付タクシー給付券 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （　　　冊目）（　　　　　枚） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | ８　～１１月 | | | | | | | | | | |  | | | | | ⇒ | | | | | | | | | |  | | | | | ２冊目 | | | | | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | | | | １２ ～　３月 | | | | | | | | |  | | | | ⇒ | | | | | | | | | | | | |  | | | | | ３冊目 | | | | | | | | | | | | | |
|  | | | | □身障第１種（下肢・体幹機能・移動機能障がい1～3級、内部障がい1級） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **タクシー券交付枚数（新規・券種変更）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | □身障第2種（下肢3級の2，3、下肢4～7級の複合により下肢の等級が3級以上、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ４・８・１２月 | | | | | | | | | |  | | | | | | ⇒ | | | | | | | |  | | | | | | | ３２枚 | | | | | | | | | | | | | |
|  | | | | 1下肢の移動機能3級以上） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ５・　９・１月 | | | | | | | | | |  | | | | | | ⇒ | | | | | | | |  | | | | | | | ２４枚 | | | | | | | | | | | | | |  | | | | | | | | | | | |
| □　リフト+タクシー併用給付券 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （　　　冊目）（　　　　　枚） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | ６・１０・２月 | | | | | | | | | | |  | | | | | ⇒ | | | | | | | | | |  | | | | | １６枚 | | | | | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | | | | | ７・１１・３月 | | | | | | | | | | |  | | | | | ⇒ | | | | | | | | | |  | | | | | ８枚 | | | | | | | | | | | | | |
|  | | | | □身障第１種（下肢・体幹機能・移動機能障がい1～3級、内部障がい1級） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | □身障第2種（下肢3級の2，3、下肢4～7級の複合により下肢の等級が3級以上、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | 1下肢の移動機能3級以上） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 受　　領　　欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | 大阪市長　あて | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | | |  | | | |  | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | | 交付番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | を受領しました。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | 氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 処理 | | | | | 受　付 | | | | | | | | | | | | 審　査 | | | | | | | | | 入　力 | | | | | | | | | | | | | | | | | | 確　認 | | | | | | | | | | | | |  | | | 決裁 | | | | | | 課　長 | | | | | | | | | | | | 課長代理 | | | | | | | | | | | | | | | 係　長 | | | | | | | | | | | 係　員 | | | | | | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | |  | | | |  | | | | | | |
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