様式第1号(第2条関係)

面　　接　　記　　録　　票

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| 課　長 | 査察指導員 | 係　長 | 地区担当 | 面接員 |  | 面　　接　　場　　所　　等 |
|  |  |  |  |  | 事務所　・　居　宅　・　電　話  病　院　・　その他 |

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| 面　接　日　時 | |  | | | | 面接員1 | |  | | |
| 受　付　番　号 | |  | |  | | 面接員2 | |  | | |
| 要保護者 | 住　所 |  | | | | | | | | |
| 氏　名 |  | | | | 電　話　番　号 | |  | | |
| 来訪者 | 住　所 |  | | | | | | | | |
| 氏　名 |  | | | | 電　話　番　号 | |  | | |
| 関　係 |  | | | | | | | | |
| 世帯構成 | № | 続　柄 | 氏　　　　　　　　名 | | | 性　別 | 生　年　月　日 | | 年　齢 | 備　　　考 |
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| 保護歴 | □有　　□無　　　前回廃止時からの期間：　（前回廃止年月：　　　　　　　　） | | | | | | | | | |
| 急迫状態  の判断 | 預貯金・現金等の保有状況 | | | |  | | | | | |
| ライフラインの停止・滞納状況 | | | |  | | | | | |
| 国民健康保険等の滞納状況 | | | |  | | | | | |
| 相談理由 |  | | | | | | | | | |
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面接内容

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| 他　　　　　　　法 | | | 年　金 | | | （加入・受給中） | | |  | | | |  | |  | | |  |
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| 手　当 | | | （手続・受給中） | | |  | | | |  | |  | | |  |
| 種　類 | | |  | | |  | | | |  | |  | | |  |
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| 医療保険 | | | | 国　　保・後期高齢・社会保険・その他（　　　　　　　　） | | | | | | | | | | | |
| 介護保険・その他（　　　　　　　　　　） | | | | | | | | |  | | | | | | |
| 住　居 | | | | 自家・借家・借間・同居・借地・他 | | | | | | | | 家賃・間代　　　　　　　円 | | | | 地代　　　　　　　　　　円 | | |
| 資　　産 | | |  | | | | |  | | |  | | |  | | |  | |
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| 負　　債 | | |  | | | | |  | | |  | | |  | | |  | |
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| 扶養義務者 | | | 氏　　　名 | | | | | | | 住　　　所 | | | | | | 電話番号 | | |
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| 制度の説明　　実　施（保護のしおり等：　配布　・未配布　）　・未実施 | | | | | | | | | | | | | | | | | | |
| 供覧・決裁 | | | | | | | | | | | | | | | | | | |
| 面接の結果 | | □申請書受理　□相談のみ　（□収入多　□他法　□後日再相談）　□医療機関へ連絡　□その他 | | | | | | | | | | | | | | | | |
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| ・交付書類　□保護申請書　□同意書　　　□資産申告書　□収入申告書　□扶養義務者申立書  　　　　　　□検診命令書　□給与明細書　□家賃証明書　□その他 | | | | | | | | | | | | | | | | |
| 申請意思 | | | | | 有　　　・　　　無 | | | | | | | | | | | | | |
| 面接員の所見 |  | | | | | | | | | | | | | | | | | |
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| ・緊急処理の必要性　□有　　□無 | | | | | | | | | | | | | | | | | |