様式第2号（第5条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **上板町避難行動要支援者登録申請書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 上 板 町 長　 殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 私は、避難行動要支援者登録制度の趣旨に賛同し、同制度への登録を希望します。  また、私が届け出た下記個人情報を上板町が消防機関、警察、地区担当民生委員児童委員、自主防災組織、地域支援者、その他の避難支援関係者に提供することに同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 平成　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 本人氏名 | | |  | | | | | | | | | | | ㊞ | 申請者氏名 | | | | | | |  | | | | | | | | | | | ㊞ | (続柄 | | |  | ) |  |
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| 住　所 | | | 〒 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 電　話 | | | |  | | | |  |
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| ふりがな | | |  | | | | | | | | | | | | 血液型 | | | | | | | | 性別 | | | | | 生年月日 | | | | | 年 月 日生 | | | | | |  |
| 氏　名 | | |  | | | | | | | | | | | | Ａ･Ｂ･Ｏ･ＡＢ | | | | | | | | 男・女 | | | | |
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| 災害時に地域の支援を必要とする理由  (該当項目全てに○  をつけてください) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | ①高齢者（７５歳以上）のみの世帯 | | | | | | | | | | | | | | | | |  | ⑤精神障がい者（精神障害者手帳１･２級） | | | | | | | | | | | | |  |
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|  |  | ②介護保険認定者（要介護３以上） | | | | | | | | | | | | | | | | |  | ⑥難病患者 | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |
|  |  | ③身体障がい者（身体障害者手帳１･２級） | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |
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|  |  | ④知的障がい者（療育手帳Ａ１･Ａ２） | | | | | | | | | | | | | | | | |  | ⑦その他災害時において支援が必要な者 | | | | | | | | | | | | |  |
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| 等級・区分 | | | | | | 身体障がい者手帳（級） | | | | | | | | | | | | | | ( 級) | | | | | | | | | | | | | | | | | | |  |
| 療育手帳（障害の程度） | | | | | | | | | | | | | | ( ) | | | | | | | | | | | | | | | | | | |
| 精神保健福祉手帳（級） | | | | | | | | | | | | | | ( 級) | | | | | | | | | | | | | | | | | | |  |
| 介護認定者（要介護度） | | | | | | | | | | | | | | ( 支１・支２・介１・介２・介３・介４・介５ ) | | | | | | | | | | | | | | | | | | |
| 特記事項  ※ 災害時の避難支援を円滑にするため知らせたいこと | | | | | | 例： | | | ・目が不自由 | | | | | | | | | | | | ・車いす使用 | | | | | | | | | ・危険通報指示を察知できない | | | | | | | | |  |
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| かかり付  け医療  機関 | |  | | | | | | | | 家族構成 | | | | | | |  | | | | | | | 人世帯 | | | | | 居住建物  の構造 | | |  | | | | | | |  |
| 福祉サー  ビス利用 | |  | | | | | | | | 緊急通報  システム | | | | | | | 有　　・　　無 | | | | | | | | | | | | 普段いる  部　屋 | | |  | | | | | | |
| ( | |  | | | | | | | | ) | | 寝室の  位　置 | | |  | | | | | | |  |
| 緊急時家族等  の連絡先 | | | | | 氏　名 | | | | | | | (続柄） | | | | | | 住　所 | | | | | | | | | | | | | | | | | | 電話番号 | | |  |
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| （その他の支援者）  地域支援者 | 区　分 | | | | 氏　名 | | | | | | | | | | | | | 住　所 | | | | | | | | | | | | | | | | | | 電話番号 | | |  |
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※同制度への登録及び個人情報の提供に関する同意よって、災害時に支援が必ず行われることを保証するものではありま

せん。また、避難支援関等係者は、法的な責任や義務を負うものではありません。