様式第20号(第21条関係)

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| 介護保険居宅介護(予防)福祉用具購入費支給申請書（償還払用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 個人番号 | | |  |  |  | |  | |  | |  | |  |  | |  |  |  | |  | 保険者番号 | | | |  | | | | | | | | 4 | 6 | | 2 | | 1 | | 6 | | 8 |  |
| フリガナ | | |  | | | | | | | | | | | | | | | | | | 被保険者番号 | | | |  |  | |  | | |  | |  |  | |  | |  | |  | |  |
| 被保険者氏名 | | |  | | | | | | | | | | | | | | | | | |
| 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | 〒　　　－  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要介護度 | | | 要支援１・要支援２・要介護１・要介護２・要介護３・要介護４・要介護５ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名 | | | | | | 製造事業者名 | | | | | | | | | | | | | | | 購入金額 | | | | | | | | | 購入日 | | | | | | | | | | | | |
| (種目名及び商品名) | | | | | | 販売事業者名 | | | | | | | | | | | | | | |
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| 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日置市長　　　　様  　　上記のとおり関係書類を添えて居宅介護(予防)福祉用具購入費の支給を申請します。  　　　　　　年　　月　　日  　　　　　住所　〒  　申請者　　　　　　　　　　　　　　　　電話番号  　　　　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書に、領収書及び福祉用具のパンフレット等を添付してください。  　　　・「福祉用具が必要な理由」については、個々の用具ごとに記載してください。欄内に記載が  　　　　困難な場合は、裏面に記載してください。  　居宅介護(予防)福祉用具購入費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込  依　頼　欄 |  | | | | | | | | | 銀　行  信用金庫  農　協  漁　協 | | | | |  | | | | | | | | 本店  支店  出張所支所 | 種目 | | | 口座番号 | | | | | | | | | | | | | | | |  |
| 1　普通預金  2　当座預金  3　その他 | | |  | |  | | |  | | |  | |  | |  | |  | |
| 金融機関コード | | | | | | | | | | | | | | 店舗コード | | | | | | | | |
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| フリガナ  口座名義人 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 【日置市確認欄】   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 介護区分 | 要介護  要支援 | 認定期間 | 年 　月 　日～  　　年 　月 　日 | | 負担割合 | | 割 | 給付制限 | | □無  □有 | | 給付歴 | | 残額 | | 支給対象額 | | 支給決定額 | | | 自己負担額 | | | □無  □有 | | 円 | | 円 | | 円 | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 窓口に来た人 | □申請者本人　□その他（氏名　　　　　　　　続柄　　　　　）連絡先 |