第29号様式(第19条関係)

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| 介護保険居宅介護(介護予防)福祉用具購入費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ | | | | |  | | | | | | | | | | | | | 保険者番号 | | | | | | | | | |  | |  | | |  | |  | | |  | |  | |  |
| 被保険者氏名 | | | | |  | | | | | | | | | | | | |
| 被保険者番号 | | | | |  | | |  | |  |  | | |  | |  | |  |  | |  | |  |
| 個人番号 | | |  |  |  | | |  | |  |  | | |  | |  | |  |  | |  | |  |
| 生年月日 | | | | | 年　　月　　日生 | | | | | | | | | | | | | 性別 | | 男・女 | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  (種目名及び商品名) | | | | | | | | | | 製造事業者名及び販売事業者名 | | | | | 購入金額 | | | | | | | | | | | | 購入日 | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | 円 | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | 円 | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | 円 | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | |
| 福祉用具が必要な理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 双葉町長様  　上記のとおり関係書類を添えて居宅介護(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・この申請書の他に、領収証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(支援)福祉用具購入費を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込依頼欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 銀行  信用金庫  信用組合 | | | | | | | | | | | | | | 本店  支店  出張所 | | | | | | | | | | 種目 | | | | | | | 普　通  当　座  その他 | | | | | | | | | | |  |
| 金融機関コード | | | | | | 店舗コード | | | | | 口座番号 | | | | | | | | フリガナ | | | | |  | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  | |  |  | |  |  |  | |  |  |  |  | 口座名義人 | | | | |  | | | | | | | | | | | | | | | | | |
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