別記様式第26号(第25条関係)

介護保険居宅介護(支援)福祉用具購入費支給申請書

　　(宛先)和歌山市長

　次のとおり、関係書類を添えて居宅介護(支援)福祉用具購入費の支給を申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申請者 | 氏名 | |  | | | | | | | 申請日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | 〒　　― | | | | | | | 連絡先 | | | (　　　) | | | | | | | | | | | | | | | | | | | | | | |
| 続柄 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | フリガナ | |  | | | | | | | 被保険者  番号 | | |  | |  | |  | |  | | | |  | |  | |  | | |  | |  | |  | |
| 氏名 | |  | | | | | | |
| 個人番号 | | |  |  | |  | |  | | |  | | |  |  |  | | |  | |  | |  | |  |
| 住所 | | 〒　　― | | | | | | |
| 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | |
| 利用者負担割合 | | | | (　　)割 | | | | | 要介護度 | | | 要支援・要介護(　　　　) | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具の内容等 | 種目 | | | 商品名 | | | 製造業者名 | | | | 販売業者名 | | | | | | | | | | | 購入金額 | | | | | | | | | | | | | |
|  | | |  | | |  | | | |  | | | | | | | | | | | 円 | | | | | | | | | | | | | |
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| 購入年月日 | | 年　　月　　日 | | | | 購入額合計 | | 円 | | | | ※保険者記入欄 | | | | | | | |  | | | | | | | |  | | | | | | | |
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| 福祉用具が必要な理由 | | ※介護支援専門員がいない場合にご家族等が記載してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の支給される金額の受領を次の者に委任します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (被保険者)  　氏名　　　　　　　　　　　　　　　印 | | | | | | | | | (受領者)  　住所  　氏名  被保険者との続柄(　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※振込先の口座が被保険者の名義と異なる場合、必ず記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

支給される居宅介護(支援)福祉用具購入費を次の口座に振り込んでください。

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| 振込先口座 | 公金受取口座 | □　マイナポータル等で事前登録した公金受取口座を利用します。  （利用する場合は☑、利用しない場合は下記の欄を記入。） | | | | | | | | | | | | | | |
| 金融  機関 | 銀行  信用金庫  農協 | 金融機関コード | | | | 店舗名称 | | 本店  支店  出張所 | | | | | 店番 | | |
|  |  |  |  |  |  |  |
| 口座種目 | 1　普通　　2　当座　　3　貯蓄 | | | | | | 口座番号 | |  |  |  |  |  |  |  |
| (フリガナ)  口座名義人 |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

※保険者記入欄

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 処理欄 | 履歴 | 有・無 | | | | 対象残額(　　　　　円) | | | | | | | 決定 |  | | | | | | |
| 給付年月 |  |  |  |  | |  | 支払区分 | | |  |  | 備考 |  | | | | | | |
| 整理番号 |  |  |  |  | |  |  |  |  |  |  | 支給額 |  |  |  |  |  |  | 円 |