様式第２９号（第１８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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金ケ崎町長　　　　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　　　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書の裏面に、領収証及び福祉用具のパンフレット等を添付して下さい。  　　　・「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下さい。欄内に記載が困難な場合は、裏面に記載して下さい。  　　居宅介護（介護予防）福祉用具購入費を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替  依頼欄 | | 銀行  　　　信用金庫  　　　信用組合 | | | | | | | | 本店  　　　支店  　　　出張所 | | | | | 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 | | | | |
|  | | |  |  | |  | |  |  | | |  |
| フリガナ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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