様式第25号(第16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 | | | | | |  | | | | | | | | 0 | 9 | | 3 | | 8 | | 6 | | 4 |  |
| 被保険者氏名 | | | |  | | | | | | | | | | 被保険者番号 | | | | | |  | |  | |  | |  | |  |  | |  | |  | |  | |  |
| 個人番号 | | | |  |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  |
| 生年月日 | | | | 明・大・昭　　年　　月　　日生 | | | | | | | | | | 性　　別 | | | | | | 男・女 | | | | | | | | | | | | | | | | | |
| 住所 | | | | 〒329-12  高根沢町  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  (種目名及び商品名) | | | | | | | 製造事業者及び販売事業者名 | | | | | | 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 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 高根沢町長　　　　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。  　　令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | 住所  氏名　　　　　　　　　　　　　　印 | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書の裏面に、領収書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  農協 | | | | | | | | 本店  支店  出張所  本・支所 | | | | | | 種目 | | | | | | 口座番号 | | | | | | | | | | | | | | |  |
| 金融機関コード | | | | | | | | 店舗コード | | | | | | 1.普通預金  2.当座預金  3.その他 | | | | | |  | |  | |  | | |  | |  | |  | |  | |  |
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| フリガナ | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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