様式第11号（第17条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護（介護予防）福祉用具購入費支給申請書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 個人番号 | | |  |  |  |  |  |  | |  |  |  | |  |  | |  | | 被保険者番号 | | | | | | 0 | 0 | 0 | |  | |  |  |  |  |  |  | | フリガナ | | |  | | | | | | | | | | | | | | | | 生年月日 | | | | | | 明治・大正・昭和・西暦  年　　月　　日 | | | | | | | | | | | | | 被保険者氏名 | | |  | | | | | | | | | | | | | | | | | 福 祉 用 具 名  （種目名及び商品名） | | | | | | | | | 製造事業者名 | | | | | | | | | | | | | | | | | | | | | 購入金額 | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | 販売  事業者名 |  | | | | | | | | 事業所  番号 | | | |  | | |  | |  | |  |  |  |  |  | |  | |  | | 購　入　日 | | | | | | | | 年　　月　　日 | | | | | | | | 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日  　岸和田市長　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。  　　　　　　　住　所  　申　請　者　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  （被保険者） 氏　名　　　　　　　　　　　　　　　　　　　　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |   　（注意事項）  ・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、欄内に記載が困難な場合は、裏面に記載してください。  ・被保険者が死亡している場合は、「申請者」「請求者」は相続人の氏名を記入してください。また「申立書」が必要になります。  ・指定特定福祉用具販売事業者で購入された場合のみ支給対象となります。  ・ゆうちょ銀行口座指定の場合は、他金融機関からの振込用の店名・預金種目・口座番号（7桁）を記入してください。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 請　求　書  岸和田市長　様  介護保険法第44条又は第56条の規定による給付費について、下記のとおり請求します。  請求者（被保険者）氏名　　　　　　　　　　　　　　　　請求額　　　　　　　　　　　　　　円  （申請時には記入しないで下さい。）  上記の給付費を下記の口座に振り込んでください。　　　　　　請求者（被保険者）氏名　　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | 金融  機関名 |  | | | | | | |  |  |  |  | 本・支店名 | |  |  |  |  | 種別 | 普通・当座 | | 口座  番号 |  |  |  |  |  |  |  | フリガナ | | | | |  | | | | | | | | 口座名義 | | | | |  | | | | | | |   （市記入欄）   |  |  |  |  |  | | --- | --- | --- | --- | --- | | □領収書　□パンフレット | 支給限度額 | 支給額 | | | | 給付制限　□無　□有（　　） | 円 | 円 | | | | 認定区分 | 要支援　１　２　　要介護　１　２　３　４　５ | | | | | 備考 | | | 受付者 | 処理者 | | 同一種目の年度内給付　□無　□有（　　　　　　　　　　） | | |  |  | | □在宅 | | | |