様式第１４号（第１４条関係）

介護保険福祉用具購入費等支給申請書

【居宅介護福祉用具購入費・介護予防福祉用具購入費】

(　　　年　　　月分)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| フリガナ |  | | | | | | | | 保険者番号 | | | | | 1 | | | | 1 | | | | 3 | | | | | 6 | | | | 5 | | | | | 4 | | |
| 被保険者氏名 |  | | | | | | | | 被保険者番号 | | | | |  | |  | | |  | |  | | | |  | |  | |  | | |  | |  | | |  | |
| 個人番号 | | |  |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  | | |  |
| 生年月日 | 年　　　月　　　日 | | | | | | | | | | | | | 歳 | | | | | | | | | | 性別 | | | | | 男・女 | | | | | | | | | |
| 住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支払金額 | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 種類・内容 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座振替依頼欄 | 金融機関名 | | | | | 支店名 | | | | | 預金種別 | | | | | | 口座番号 | | | | | | | | | | | | | | | | | | | | | |
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| 金融機関コード | | | | | 店舗コード | | | | | フリガナ | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | 口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | 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　　〒　　　　　　　　　　　　　電話番号  　申請者  　　　　　氏名  　　小鹿野町長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　保険者記入欄

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| 保険料納付状況 | 領収証確認欄 | 証明書類確認欄 | 備考欄 |
| 未納保険料  有　・　無 |  |  |  |
| 滞納保険料  有　・　無 |