様式第18号(第21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 | |  | | | | | | | | | | 被保険者番号 | |  | |  | | |  | | | |  | | |  | | | |  | |  | | |  | | |  | | |  | | |  | |
|  | 被保険者氏名 | |  | | | | | | | | | |  | |
|  | 個人番号 | |  |  | | |  | | |  | | |  | | |  | | |  |  | | |  | | |  | |  | | |  | |  | |
|  | 生年月日 | | 年　　　月　　　日生 | | | | | | | | | | 性　　別 | | 男・女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 住　　　　所 | | 〒  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  （うち被保険者負担分） | | | | | | | | | | | 購　入　日 | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | |  | | | | | 円  （　　　　　　　　円） | | | | | | | | | | | 令和 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |  | |
|  |  | | | | | |  | | | | | 円  （　　　　　　　　円） | | | | | | | | | | | 令和 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |  | |
|  |  | | | | | |  | | | | | 円  （　　　　　　　　円） | | | | | | | | | | | 令和 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |  | |
|  | 福祉用具が  必要な理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 松　伏　町　長　宛て  　　　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  住　所  申請者　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  氏　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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ください。  ・　「福祉用具が必要な理由」については、個々の用具ごとに具体的に記載してください。  欄内に記載が困難な場合は、裏面に記載してください。  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ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込  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 | | | | |  | |
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|  | フリガナ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 口座名義人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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