様式第30号

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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  被保険者氏名 | | | |  | | | | | | | | | 保険者番号 | | | | |  | | | | | | |  | |  | |  | |  | |  | |  |  |
|  | | | | | | | | |
| 被保険者番号 | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 生年月日 | | | | 明・大・昭　　　　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 | | | | | | | | 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小野町長　　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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | |  | | | 支店  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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