様式第32号

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| 介護保険高額介護(介護予防)サービス費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ  被保険者氏名 | | |  | | | | | | | | | | | | | 保険者番号 | |  | | | | | | | | | | 0 | | 7 | | | 5 | | | 2 | | 2 | | 6 | |  |
|  | | | | | | | | | | | | |
| 被保険者番号 | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |
|  | 生年月日 | | | 年　月　日生 | | | | | | | | 性別 | |  | | | 個人番号 | |  |  | |  | | |  | |  | |  |  | | |  | |  | | |  |  | | |  |  | |
| 住所 | | | 〒 | | | | | | | | | | | | | 電話番号 | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | 氏名 | | | | | | 生年月日 | | | | | | | 性別 | | 介護保険の被保険者の場合  被保険者番号 | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯構成 | 世帯主 | |  | | | | | | 年　月　日生 | | | | | | | 男・女 | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |
| 世帯員 | |  | | | | | | 年　月　日生 | | | | | | | 男・女 | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |
|  | | | | | | 年　月　日生 | | | | | | | 男・女 | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |
|  | | | | | | 年　月　日生 | | | | | | | 男・女 | |  | |  | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |
| 小野町長　　　　様  上記のとおり高額介護(介護予防)サービス費の支給を申請します。  　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  申請者  　　　　　氏名　　　　　　　　　　印 | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・今回の支給以降、高額介護(介護予防)サービス費が支給される場合、申請手続きは不要となります。また、支給金額は今回申請した指定口座に振り込まれます。  ・給付制限を受けている方については、高額介護(介護予防)サービス費の支給ができない場合があります。  高額介護(介護予防)サービス費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替依頼欄 | | 銀行  信用金庫  農協 | | | | 支店  出張所 | | | | | | | | 種目 | | | 口座番号 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| □　普通預金 | | |  | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
| □　当座預金 | | |
| □　その他  (　　　　) | | |
| 金融機関コード | | |  | | |  | |  | |  | | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 店舗コード | | |  | | |  | |  | |  | |
| 町記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | | | | 世帯集約番号 | | | 給付制限状況 | | | | | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1　単独  2　合算 | | | |  | | | 有・無  給付割合 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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