様式第３号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **調査書（日常生活用具等給付事業）**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ①申請書受理番号  　年年月日 | | | | |  | | | | | | ②申請者氏名 | | | | |  | | | | | | ③対象者との続柄 | | | |  | | | ④  対象者 | 氏名 | |  | | | | | | | | | 男・女 | | | | 生年月日 | | | |  | | | | | | | | | 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 手帳番号等 | | |  | | | | | 障害名 | | | |  | | | | | 障害等級 | | |  | | 施設入所の有無 | | | |  | | ⑤世帯員の状況 | | 氏名 | | | | | | 続柄 | | | 職業 | | | | 市町村民税課税の有無 | | | | | | 収入額 | | | | 生活保護の有無 | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | |  | | | | ⑥　住まいの状況 | | | | | | １　自宅　　　　２　借家　（貸主の諾否） | | | | | | | | | | | | | | | | | | | | | | | ⑦　給付（貸与）後の生活の状況 | | | | | | 日常生活動作の状況  （入浴・排便・移動・その他該当する動作に○）  １　自力でできるようになる  ２　一部介助でできるようになる  ３　給付しても全介助  ４　給付しても一部介助  ５　その他（　　　　　　　　　　　　　　　） | | | | | | | | | | | | | その他の状況  １　コミュニケーションが容易になる  ２　情報入手が容易になる  ３　（在宅生活・独居）が可能になる  ４　その他（　　　　　　　　　　　　　　　） | | | | | | | | | | ⑧　給付（貸与）の必要の有無 | | | | | | 有・無 | | | | ⑨給付（貸与）する（しない）理由 | | | | | | |  | | | | | | | | | | | | ⑩　月額負担上限額 | | | | | | １　生活保護　　　２　低所得１　　　３　低所得２　　　４　一般 | | | | | | | | | | | | | | | | | | | | | | | ⑪　給付（貸与）する用具 | | | | | | | ⑫　予定価格 | | | | | | | ⑭　自己負担額 | | | | | | ⑮　公費負担額 | | | | ⑯　予定業者 | | | | | ⑬　 基準額 | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | | | ⑰　その他特記事項 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |   　上記のとおり確認しました  　　　　　　年　　月　　日  調査員　役職名  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　氏　名 |