**高額障害福祉サービス等給付費支給申請書**

様式第14号（第２条関係）

　　　　宇美町長

　　 次のとおり関係書類を添えて高額障害福祉サービス等給付費の支給を申請します。

申請年月日　　　　　年　　月　　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ | |  | | | | | | | | | ①障害者総合支援法②児童福祉法③介護保険法 | | | | | | | | | | | | | | | | | | | | | |
| 申請者氏名  （支給決定障害者等氏名） | |  | | | | | | | | | 制度 | | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | |
|  | | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |
| 生年月日 | | 年　　月　　日 | | | | | | | | |  | | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |
|  | | |  |  | |  | |  | | |  | |  | |  | |  | |  | |  |
| 個人番号 | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | |
| 居住地 | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | |  | | | | | | | | | 続　　柄 | | |  | | | | | | | | | | | | | | | | | | |
| 給付決定に  係る児童氏名 | |  | | | | | | | | | 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | |
| 個人番号 | |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | |
| サービス利用月の世帯における対象費用の支払合計額 | | | | | | | |  | | | | | | 申請に係るサービス利用月 | | | | | | | 年　　月分 | | | | | | | | | | | |
| サービス利用月の申請者の対象費用の支払合計額 | | | | | | | |  | | | | | |
| 支給決定障害者  同一世帯に属する他の | 氏　　　　名 | | | | | | 生年月日 | | | | ①障害者総合支援法②児童福祉法③介護保険法 | | | | | | | | | | | | | | | | | | | | | |
| 制　度 | | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | |
| 個人番号： | | | | | |  | | | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
|  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
|  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
| 個人番号： | | | | | |  | | | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
|  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
|  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
| 個人番号： | | | | | |  | | | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
|  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |
|  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |

（注１）支払額を証する領収書を添付してください。

（注２）申請者と同一世帯の他の支給決定障害者等全員分の申請書を併せて提出してください。

高額障害児通所給付費を下記の口座に振り込んで下さい。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 口 座 振 替  依　頼　書 | 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 | | |
|  |  |  |  |  |  |  |  |
| ﾌﾘｶﾞﾅ | | | |  | | | | | | | | | | |
| 口座名義人 | | | |  | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 申請書提出者 | □申請者本人　　□申請者本人以外（下の欄に記入） | | |
| フリガナ |  | 申請者  との関係 |  |
| 氏　　名 |  |
| 住　　所 | 〒  電話番号 | | |