介護保険居宅介護（介護予防）住宅改修費支給申請書 受領委任払い用

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | 個人番号 | |  | | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |
| フリガナ | |  | | | 保険者番号 | | | | | | |  | | | | | | | | |  | |  | |  | |  | |  | |  |
| 被保険者氏名 | |  | | |
| 被保険者番号 | | | | | | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |
|
| 生年月日 | | 年　 　月　 　日 | | | 性別 | | | | | | | 男　・　女 | | | | | | | | | | | | | | | | | | | |
| 住所 | | 〒    　　　　　　　　　　　　　　　　電話番号　　　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅の所有者 | |  | | | | | | 本人との関係（　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | |
| 改修の内容、  個所及び規模 | |  | | | | 事業者名 | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | 着工日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | |
|  | | | | 完成日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | |
| 改修費用 | |  | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | |
| (宛先) 紀の川市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり、受領委任払いにて居宅介護（介護予防）住宅改修費の支給を受けたいので関係書類を添えて申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | | 住所 |  | | | | | 電話番号 | | | | | | | | | （　　　） | | | | | | | | | | | | | |
| 氏名 |  | | | | |
| （注意） | この申請書に、利用者負担額に係る領収証、工事費内訳書及び住宅改修工事後の日付入り写真を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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紀の川市　確認欄

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| 未納保険料 | | 要介護度 | | 利用実績 |  |
| □なし　□あり | | 要支援１・２  要介護１・２・３・４・５ | |
| 限度額 | 実績額 | 購入予定金額 | 支給予定金額 | 承認 | 備考 |
| 円 | 円 | 円 | 円 |  |  |