介護保険居宅介護（介護予防）福祉用具購入費支給申請書　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　　　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 購　入　日 | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  （種目名及び商品名） | | | | | 製造事業者名及び  販売事業者名 | | | | | | | | | | | | | | | | 購入金額 | | | | | | | | | |
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| 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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）福祉用具購入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） | １　この申請書に、利用者負担額に係る領収証を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　「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ください。欄内に記載が困難な場合は、裏面に記載してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 |  |  |