介護保険居宅介護（介護予防）住宅改修費支給申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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 | |  | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり関係書類を添えて居宅介護（介護予防）住宅改修費の支給を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | | 住所 |  | | | | | 電話番号 | | | | | | | | | | （　　　） | | | | | | | | | | | | | |
| 氏名 |  | | | | |
| （注意） | １　この申請書の裏面に、領収証及び介護支援専門員等が作成した住宅改修が必要と認められる理由を記載した書類、完成後の状態が確認できる書類等を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　改修を行った住宅の所有者が当該被保険者でない場合は、所有者の承諾書も併せて添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

居宅介護（介護予防）住宅改修費を下記の口座に振り込んで下さい。

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| 口座振込  依頼欄 | 銀行  農協  信金信組 | | | | | 本店  支店  出張所 | | | 種目 | 口座番号 | | | | | | |
| 金融機関コード | | | | | 店舗コード | | | １　普通預金  ２　当座預金  ３　その他 |  |  |  |  |  |  |  |
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| フリガナ | | |  | | | | | | | | | | | | |
| 口座名義人 | | |  | | | | | | | | | | | | |