様式第２１号（第２２条関係）

介護保険居宅介護（支援）福祉用具購入費支給申請書

宇土市長　様　　　　　　　　　　　　　　　　　　　　　　　　年　　月　　日

次のとおり介護保険居宅介護（支援）福祉用具購入費の支給を申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者番号 | |  | |  | |  | |  | | |  |  |  | | |  |  | | |  | | 個人番号 | | | | | |  | | |  | |  | |  | |  | | |  | | |  | |  | |  | | |  |  | | |  |
| フリガナ | |  | | | | | | | | | | | | | | | | | | | | 性別 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者氏名 | |  | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名（種目及び商品名）、ＴＡＩＳコード | | | | | | | | | | 製造事業者名及び販売事業者名 | | | | | | | | | | | | | | | 購入金額 | | | | | | | | | | | | | | 購入日 | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | | | | |
| 福祉用具が必要な理由 | | | | | | | 福祉用具が必要となる理由書を添付すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座振込依頼欄 | 銀行  信用金庫  信用組合  農協 | | | | | | | | | | | 本店  支店  出張所  支所 | | | | | | | | | | | 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 | | | | | | | | | | |
|  | |  | |  | | | |  | | |  | | |  | | | |  | | | |
| ゆうちょ銀行 | | | | | | | | | | |  | |  | | | |  | | |  | | |  | | － |  | |  | | |  | | | |  | | | | |  | | |  | | | |  | | | |  | | |
| フリガナ  口座名義人 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （提出代行者）氏名　　　　　　　　　　　　　　　被保険者との関係  事業所の名称　　　　　　　　　　　　　　　　　　事業所の種別  事業所の住所　〒　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　この申請書に、領収証及び福祉用具のパンフレット等を添付してください。

（市記入欄）

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| 確認事項 | | 上記申請について、下記のとおり決定してよろしいか。 | | | |
| 受給管理データ確認 |  | 年　　　月　　　日 | | | |
| 福祉用具必要理由書 |  |  | 決定額 | 円 |  |
| ケアプラン |  |  | | | |
| パンフレット等 |  |  | | | |
| 領収書 |  |
| 請求書 |  |
| 受領委任払の委任・承諾書 |  |
| その他必要とする書類 |  |