|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護（介護予防）福祉用具購入費支給申請書   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 個人番号 | | | | |  | | フリガナ  被保険者氏名 |  | | | 保険者番号 | | | | |  | |  | | | 被保険者番号 | | | | |  | | 生 年 月 日 | 明・大・昭　　　年　　　月　　　日 | | | | | 性　別 | | | 男 ・ 女 | | 住　　　所 | 〒 | | | | |  | | | | |  | | | | | 電話番号 | |  | | | 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 | | | | 購　入　日 | | | |  | |  | 円 | | | | 平成　　年　　月　　日 | | | |  | |  | 円 | | | | 平成　　年　　月　　日 | | | |  | |  | 円 | | | | 平成　　年　　月　　日 | | | | 福祉用具が  必要な理由 |  | | | | | | | | | | 浜田地区広域行政組合管理者　様  上記のとおり関係書類を添えて居宅介護（支援）福祉用具購入費の支給を申請します。  平成　　　年　　　月　　　日  住所 | | | | | | | | | | | 申請者 | | | | | 電話番号 | |  | | | | 氏名  印 | | | | | | | | | |   注意・この申請書の裏面に、領収証及び福祉用具のパンフレット等を添付して下さい。  ・「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下さい。欄内に記載が困難な  場合は、裏面に記載して下さい。  居宅介護（支援）福祉用具購入費を下記の口座に振り込んで下さい。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座振替  依 頼 欄 |  | | | | 銀　行  農　協  金　庫  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 | | | | |  |  |  | | |  |  |  | |  | | フリガナ | | |  | | | | | | | | | | | | | | | | 口座名義人 | | |  | | | | | | | | | | | | | | | |

※常用漢字を用いておりますので、旧字体の氏名等が、正しく印字できない場合があります。