様式第28号(第21条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護（介護予防）福祉用具購入費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ | | |  | | | | | | | | | | | 保険者番号 | | |  | | | | | | |  | |  |  | |  | |  |  | |  | | |  |
| 被保険者氏名 | | |  | | | | | | | | | | | 被保険者番号 | | |  |  | |  | |  | |  | |  |  | |  | |  |  | |  | | |
| 個人番号 | | |  |  | |  | |  | |  | |  |  | |  | |  |  | |  | |  |
| 生年月日 | | | 年　　月　　日生 | | | | | | | | | | | 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 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | 円 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | 円 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | |
| 福祉用具が必要な理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 行方市長　　　　　　　様  　上記のとおり関係書類を添えて居宅介護（介護予防）福祉用具購入費の支給を申請します。  　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | 住所  氏名 | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | |
| 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ください。  　　　・「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。  　居宅介護（介護予防）福祉用具購入費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替  依頼欄 | | | | 銀行  信金  信組  農協  労金 | | | | | | 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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |