**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 | | | | | | | |  | | | | | | | ４ | | ２ | | ２ | | １ | | １ | | ３ | |
| 被保険者氏名 | |  | | | | | | | | | | | | | | |
| 被保険者番号 | | | | | | | |  | |  |  |  | | |  | |  | |  | |  | |  | |  | |
| 個人番号 | |  | |  |  | |  |  | | |  |  | |  |  | | |  | | |  |  | |  | | | | | | | | | | | | | | | | | | | |
| 生　年　月　日 | | 明・大・昭　　　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 | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |
| 福祉用具が  必要な理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （宛先）五島市長  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  　　　　住 所  申 請 者　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  　　　　 氏 名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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（介護予防）福祉用具購入費を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座振込  依　頼　欄 | 銀行  　　　　信用金庫  　　　　信用組合 | | | | | | | | | | | | | | | 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 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |