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| 介護保険居宅介護（介護予防）住宅改修費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  |  | | |  | |  | | |  | | |  | | |  |  | | | |  | | |  | | | |  | |  |
|  | | 年　　月　　日 | | | | | | | | 性　　別 | | | | 男　・　女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　　　所 | | 〒  電話　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅の所有者 | | 本人との関係（　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 改修の内容・  箇所及び規模 | |  | | | | | | | | | | 業者名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 着工日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 完成日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 中野市長　　　　　あて  　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  氏　名　　　　　　　　　　　　　　　　　　電話　　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注）  １　この申請書に、住宅改修に要する費用の見積もり、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、住宅改修の予定の状態が確認できる書類等を添付してください。  ２　改修を行う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ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 口座振替  依 頼 欄 | 金融機関名 | | | | | | 支店等名 | | | | 種　目 | | | | 口　座　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 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 | | | |
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| 口座名義人 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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