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| 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 | | | | | | | | | | | 性別 | 男　・　女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | 〒  電話　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  氏名　　　　　　　　　　㊞ | | | | | |  | | | | | | 円 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 福祉用具が 必要な理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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）福祉用具購入費の支給を申請します。  　　　　　　　年　　月　　日  　申請者　　　　　　　　　　住所氏名印　　　　　　　　　　電話　　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注）  １　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。  ２　「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 | 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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| フリガナ  口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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