様式第21号(第22条関係)

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| 介護保険居宅介護(予防)住宅改修費支給申請書（償還払用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 個人番号 | | |  |  | |  |  | |  |  | |  |  |  | |  |  | |  | 保険者番号 | | | | |  | | | | | | | 4 | | 6 | | 2 | | 1 | | 6 | 8 | |  | | |
| フリガナ | | |  | | | | | | | | | | | | | | | | | 被保険者番号 | | | | |  |  | | |  | |  |  | |  | |  | |  | |  |  | |
| 被保険者氏名 | | |  | | | | | | | | | | | | | | | | |
| 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要介護度 | | | 要支援１・要支援２・要介護１・要介護２・要介護３・要介護４・要介護５ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |
| 改修費用 | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日置市長　　　　様  　　上記のとおり関係書類を添えて居宅介護(予防)住宅改修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・この申請書に、領収書及び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、完成後の状態が確認できる書類等を添付してください。  　　　・改修を行った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(予防)住宅改修費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 口座振込  依　頼　欄 |  | | | | | | | | | 銀　行  信用金庫  農　協  漁　協 | | | |  | | | | | | | 本店  支店  支所 | 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 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 【日置市確認欄】   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 介護区分 | 要介護  要支援 | | 認定期間 | | 年 　月 　日～  　　年 　月 　日 | | 負担割合 | | 割 | 給付制限 | | □無  □有 | | 給付歴 | | リセットの特例 | | 残額 | | 支給対象額 | | 支給決定額 | | | 自己負担額 | | | □無  □有 | | □無  □有（３　転） | | 円 | | 円 | | 円 | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 窓口に来た人 | □申請者本人　□その他（氏名　　　　　　　　続柄　　　　　）連絡先 |