様式第17号(第19条関係)

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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 個人番号 | | | | |  |  |  |  | | |  | |  | |  | |  |  |  | |  | |  | |  |
|  | フリガナ  被保険者氏名 | | |  | | | | | | | | | | | 保険者番号 | | | | |  |  |  |  | | |  | |  | | 1 | | 1 | 2 | 4 | | 6 | | 6 | |  |
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| 被保険者番号 | | | | |  |  |  |  | | |  | |  | |  | |  |  |  | |  | |  | |
| 生年月日 | | | 年　 　月　 　 日 | | | | | | | | | | | | | | | | 性別 | | | | |  | | | | | | | | | | | | | | |
| 住所 | | | 〒  電話番号 　　(　　 ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要介護度 | | |  | | | | | | | | 有効期間 | | | | | 年 　月 　日～　　年　 月　 日 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |
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| 福祉用具が必要な理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 指定事業者番号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者電話番号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (宛先)白岡市長  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | 住所  氏名 | | | | | | | | | | | | | | | | 電話番号  (　　　) | | | | | | | | | | | | | | | | | | | | |
| 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)福祉用具購入費を次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  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 | | | | |  | | |  | |  | |  | |  | |  | |  | |
| 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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