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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（受領委任払用）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ  被保険者氏名 |  | 保険者番号 | |  | | | |  |  | |  | |  |  | |  | |  | | 被保険者番号 | |  |  |  |  |  | |  | |  |  | |  |  | | 生年月日 | 明・大・昭　　年　　月　　日生 | 性　　　　　別 | | 男　・　女 | | | | | | | | | | | | | | 住　　　　所 | 〒  電話番号 | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | 七ヶ浜町長　殿  　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。また、当該申請に係る給付金の受領について下欄の事業者に委任します。  年　　月　　日  住　　所  申請者　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  （委任者）氏　　名　　　　　　　　　　　　　　　　　　　印 | | | | | | | | | | | | | | | | | | 事業者所在地  事業者　事業者名称　　　　　　　　　　　　　　　　　　　　　電話番号  （受任者）  代表者氏名　　　　　　　　　　　　　　　　　　印 | | | | | | | | | | | | | | | | |   注意１　この申請書の裏面に、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。  　　２　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・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 | 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 ｶﾞ ﾅ  口座名義人 | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |