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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  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 | | | | | | | | | | | | | | | | | | | 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  （介護保険事業所番号） | | 購　入　金　額 | | | | 購　　入　　日 | | | | | | | | | | |  | | |  | | 円 | | | | 年　　月　　日 | | | | | | | | | | |  | | |  | | 円 | | | | 年　　月　　日 | | | | | | | | | | |  | | |  | | 円 | | | | 年　　月　　日 | | | | | | | | | | | 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | 七ヶ浜町長　殿  　上記のとおり関係書類を添えて居宅介護・介護予防福祉用具購入費の支給を申請します。  年　　月　　日  住　　所  申請者　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  氏　　名　　　　　　　　　　　　　　　　　　　印 | | | | | | | | | | | | | | | | | | |   注意１　この申請書の裏面に、領収書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 | 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 | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |