|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | 性　別 | | | | 男　・　女 | | | | | | | | | | | | 住　　　　所 | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | 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  （事業所番号） | | | | | | | | | | | 購入金額 | | | | | 購　入　日 | | | | | | | |  | | | |  | | | | | | | | | | | 円 | | | | | 年 月 　日 | | | | | | | |  | | | |  |  |  |  |  |  |  |  | |  |  | |  | | | |  | | | | | | | | | | | 円 | | | | | 年 　月 　日 | | | | | | | |  | | | |  |  |  |  |  |  |  |  | |  |  | | 福祉用具が  必要な理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 過去1年間における  直近の入所・入院状況 | | | １．なし　　　　２．入所・入院あり　　（退所・退院時期：　　　年　　　月　　　日）  　　　　　　　　　　　　　　（施設・病院名　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | 出雲市長　　様  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　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  　　　　　　　氏　名 | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | --- | | 申請の、居宅介護（介護予防）福祉用具購入は必要と認めます。  　　　介護支援専門員（ケアマネジャー）　　　　所　属  　　　　　　　　　　　　　　　　　　　　　　　氏　名　　　　　　　　　　　　　　　電話番号  注意　・この申請書の裏面に、福祉用具販売が位置付けてある居宅サービス計画書(1)(2)の写し、また領収証及び福祉用具のパンフレット等を添付して下さい。  ・「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下さい。欄内に記載が困難な場合は、裏面に記載して下さい。  　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下さい。 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座振替  依頼欄 | 銀行・農協  　　　　　　　　　金庫・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 | | | |  |  |  |  |  |  |  | | フリガナ  口座名義人 | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |     市記入欄   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 要介護  状態区分 | 要支援　　(　1　・　2　)  要介護　（１・２・３・４・５） | 保険給付対象額 | 円 | 支給決定額 | | 円 | | 負担割合 | 割 | 前回までの支給済  対象経費累計 | 円 | 利用者負担額 | | 円 | | 備　　考 |  | | | 確認欄 |  | | |

様式第14号（第15条関係）