様式第15号（第16条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ |  | 保険者番号 | |  | | | | | | | | | | | | 被保険者氏名 |  | 被保険者番号 | |  | |  |  |  |  |  |  |  |  |  | | 生　年　月　日 | 明･大･昭　　　　年　　　　月　　　　日 | 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 | | | | | | | | | | | | | | | 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）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、領収証及び工事の内訳書、完成後の状態が確認できる写真等を添付して下さい。  　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 |  | | |