|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険高額介護(介護予防)サービス費支給申請書  (　　年　　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 個人番号 | | | | | |  | | | | | | | | | | | | | |  |
|  | フリガナ  被保険者氏名 | |  | | | | | | | | | |  | | 保険者番号 | | | | | | ３２２０３２ | | | | | | | | | | | | | |
|  | | | | | | | | | |  | |
| 被保険者番号 | | | | | |  | | | | | | | | | | | | | |
| 生年月日 | | 年　　　 月　　　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 氏名 | | | | | | 生年月日 | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | | | | | | | | | | | | | | | | |
| 世帯被保険者 | |  | | | | | |  | | | | | | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | |  | | | | | | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | |  | | | | | | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  | | | | | |  | | | | | | |  | |  |  |  | |  | |  | |  | |  | |  | |  | |  |
|  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  |
| 出雲市長　様  　　上記のとおり高額介護(介護予防)サービス費の支給を申請します。  　　　　　　年　　月　　日  　　　　　　　　住所  　　申請者  　　　　　　　　氏名　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・今回の支給以降、高額介護（介護予防）サービス費が支給される場合、申請手続きは不要となります。  　　　また、支給金額は今回申請した指定口座に振り込まれます。  ・給付制限を受けている方については、高額介護(介護予防)サービス費の支給ができない場合があります  　高額介護(介護予防)サービス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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | 世帯集約番号 | | | 給付制限状況 | | | | 所得区分 | | 備考 | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1　単独  2　合算 |  | | | 有・無  給付割合 | | | | 現役並み  一般  世帯非課税  老齢受給者  生保受給者 | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

様式第16号（第17条関係）