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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 | |  | | | | | | 被保険者番号 | | | | | 0 | | | 0 | | | 0 | 0 | |  | |  |  | |  | |  |  |
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| 個人番号 | |  |  | | |  | | |  | |  |  | |  | |  |  | |  | |  |  |
| 生 年 月 日 | | | | | | 年 月 日 | | | | | | | | | | | | | | | | |
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| 福 祉 用 具 名  （種目名及び商品名） | | | | | | | 製造事業者及び 販売事業者名 | 購入金額 | | | | | | | 購　　入　　日 | | | | | | | | | | | | | | | |
| アイテムを選択してください。 | | | | | | |  |  | | | | 円 | | | 年　　月　　日 | | | | | | | | | | | | | | | |
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| 福祉用具が 必要な理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （宛先）佐倉市長  　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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | | 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | | | | | | | | | | |  | | | （ | |  | | | ） | |  | | |
| 氏名印 | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 注意・領収証及び福祉用具のパンフレット等を添付してください。  　　・「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。  □公金受取口座を利用する(償還払いでマイナポータル登録済みの方が指定できます)  □以下の口座を利用する | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 口座振込  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 | | | |
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| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | 福祉用具販売事業所番号 | | | | | | |  |  | |  | |  | |  |  | |  | |  | |  | |  |

佐倉市記入欄

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| 確認者 | *番号確認* | 番号 | 通知 | 住民票 | 住・Ｐ・Ａ | 領収証返却 | 済　　・　　未 |
|  | *身元確認* | 運免・障手 | 介保・健保・負割・後保 | | 他(　　 ) | 支給額 |  |
| *代理権* | 戸籍・証明 | 委任・介保 | 他(　　　　　　　 ) | |  |
| 備考 |  |
| *代理身元* | 番号 | 運免 | 居専 | 他(　　 ) |  |