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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  被保険者氏名 |  | | 保険者番号 | |  | | | | | | | | 0 | | 3 | | 2 | | 0 | | 6 | | 0 | | |  | | 被保険者番号 | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | 個人番号 | |  |  | |  | |  | |  | |  |  |  | |  | |  | |  | |  | | 生年月日 | 明・大・昭　　年　　月　　日生 | | | | | | | | | | | | | | | | | | | | | | | | | 要介護度 | 要支援１　要支援２　　要介護１　　２　　３　　４　　５ | | | | | | | | | | | | | | | | | | | | | | | | | 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 |  | 施工した者 | 氏　名  名　称 |  | | | | | | | | | | | | | | | | | | | | | | 住　所  所在地 | 電話番号 | | | | | | | | | | | | | | | | | | | | | | 改修費用 | 円  (支給対象となる改修に係る費用のみ) | | 利用者負担の割合 | 割 | | | | | | | | | | | | | | | | | | | | | | 北上市長　様  　上記のとおり、居宅介護（介護予防）住宅改修費の支給を申請します。  　令和　　年　　月　　日  住所  申請者氏名  （被保険者） | | | | | | | | | | | | | | | | | | | | | | | | |   居宅介護（支援）住宅改修費を下記の口座に振り込んでください。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座振込  依頼欄 | 銀行  金庫  組合 | | | | 本　店  支店（所）  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 | | | |  | | | | | | | | | | | |  | | | | | | | | | | |   ◎裏面の申請書作成上の注意に留意の上、添付書類を添えて提出してください。 |

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| ※処理欄（記入不要） | | | | | | |
| 備考 |  | | | | | |
| 着工日 | | 令和　　年　　月　　日 | 着工前受付 |  | 完了後受付 |  |
| 完了日 | | 令和　　年　　月　　日 |
| 支給済額 | | 円 |
| 保険料納付 | | 未納　有　　無 |
| 自己負担減免 | | 減免　有　　無 |

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| **住宅改修に関する承諾証明**  　北上市長　様  この申請書に記載された住宅の改修に関し、この被保険者が当該改修を行うことについて承諾したことを証明します。  　令和　　年　　月　　日  住宅の所有者  住所（所在地）  電話番号  氏名（名　称） |

<申請書作成上の注意>

申請には以下の書類を準備し、着工前、着工後にそれぞれ提出願います。

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| 着工前 | ①居宅介護・介護予防住宅改修費支給申請書 | 介護保険の住宅改修費の支給対象となる工事以外の改修工事をあわせて行う場合は、介護保険の支給対象部分の費用を記載のこと。  申請年月日は工事完了後に記入のこと。 |
| ②工事費見積・内訳書 | 工事を行う箇所（部屋）、内容及び数量・単価が明記されており、材料費、施工費、諸経費等を区分して記載したもの。また、介護保険の住宅改修費の支給対象となる工事以外の改修工事をあわせて行う場合は、対象となる工事、ならない工事を分類して明記するとともに、対象部分の算出根拠を記載のこと。 |
| ③住宅改修が必要な理由書 | 被保険者の心身の状況を把握している介護支援専門員又は地域包括支援センター職員が記載したもの。 |
| ④改修前の写真・図面等 | 住宅改修箇所ごとに撮影日の入った写真と、施工予定内容を表した平面図等。 |
| ⑤住宅所有者の承諾書 | 住宅の所有者が被保険者以外の場合は、上の承諾証明欄に記入のこと。 |
| 完了後 | ⑥領収書 | 被保険者あての領収書とする。住宅改修費の支給対象とならない工事をあわせて行った場合、合算した金額でよい。 |
| ⑦改修後の写真 | 住宅改修箇所ごとに撮影日の入った写真。 |
| ⑧工事内訳書 | 着工前の見積もりと変更がない場合は省略可。 |

※住宅改修費の支給決定は、工事完了後に書類審査の上、行います。