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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 |  | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | 購入金額 | | | | | | | 購　入　日 | | | | | | | | | | | | | | | | （種目名） | | （製造事業者名） | | 円 | | | | | | | 令和 年 月 日 | | | | | | | | | | | | | | | | （商品名） | | （販売事業者名） | | | （種目名） | | （製造事業者名） | | 円 | | | | | | | 令和 年 月 日 | | | | | | | | | | | | | | | | （商品名） | | （販売事業者名） | | | （種目名） | | （製造事業者名） | | 円 | | | | | | | 令和 年 月 日 | | | | | | | | | | | | | | | | （商品名） | | （販売事業者名） | | |  | | 購　入　金　額　合　計 | | 円 | | | | | | | | | | | | | | | | | | | | | | | 利用者負担の割合 | | 割 | | | | | | | | | | | | | | | | | | | | | | | 福祉用具が  必要な理由 | （居宅サービス計画を添付し、その計画の記載内容により必要な理由が明らかである場合は、記入不要） | | | | | | | | | | | | | | | | | | | | | | | | | | 北上市長　様  　上記のとおり、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  住所  申請者氏名  （被保険者） | | | | | | | | | | | | | | | | | | | | | | | | | |   **注意・**この申請書に、領収書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。欄内に記  載が困難な場合は、裏面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。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |

※処理欄（記入不要）

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| 備考 |  | 今年度支給済額 | 円 | 受付 |  |
| 保険料納付  自己負担減免 | 未納　有　　無  減免　有　　無 |

**注意事項**

この承認願書のほかに、次の書類を添付してください。

１　領収書

２　購入用具のパンフレット

（排泄予測支援機器を購入する場合の追加提出）

３　医学的な所見が分かる書類

４　排泄予測支援機器確認調書