様式第16号の2(第24条関係)

介護保険福祉用具購入費支給申請書(受領委任払用)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| フリガナ | | |  | | | | | | | | | 被保険者番号 | | | | | | |  | | | | |  | |  | |  | | | | |  |  | |  | |  | |  |  | |  | | |
| 被保険者氏名 | | |  | | | | | | | | |
| 個人番号 | | | | | | |  | | | |  |  | |  | |  | | | | |  |  | |  | |  | |  |  | |  | | |
| 生年月日 | | | 年　　　月　　　日 | | | | | | | | | 性別 | | | | | | | 男・女 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | 電話番号　　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 商品名(福祉用具の種目) | | | | | | | | 購入先 | | | | | | | 購入額 | | | | | | | | | | | | | | | 購入年月日 | | | | | | | | | | | | | | | |
| (　　　　　　　　　　　　　　　　　　) | | | | | | | |  | | | | | | | 円 | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |
| (　　　　　　　　　　　　　　　　　　) | | | | | | | |  | | | | | | | 円 | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |
| (　　　　　　　　　　　　　　　　　　) | | | | | | | |  | | | | | | | 円 | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |
| 購入額合計 | | | | | 円 | | | | | | | | | | | 領収証の額 | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | |
| 福祉用具が必要な理由 | | | | 居宅サービス計画書の添付があれば不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 塩竈市長　殿  　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。  　また、この申請に係る(居宅介護・介護予防)福祉用具購入費の受領について下欄の事業者に委任します。  年　　月　　日  　申請者氏名  　(委任者)  　　　　　住所  　　　　　電話　　　　　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者(受任者) | 所在地 | 〒 | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 名称 | (代表者　　　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先口座 | 金融機関の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀行・金庫  漁協・農協 | | | | 本店  支店 | | | | | 種別 | | | | | | | | 普通・当座 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座番号 | | | | | | | |  | | | |  | | |  | | | | | | |  | | |  | | | |  | | |  | | | |
| ゆうちょ銀行の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ゆうちょ銀行 | | | | | 店 | | | | 種別 | | | | | | | | 普通・当座 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座番号 | | | | | | | |  | | | |  | | |  | | | | | | |  | | |  | | | |  | | |  | | | |
| ゆうちょ銀行の店名や口座番号が不明の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通帳番号 | | | | | | | | | | 通帳番号(右詰めでご記入ください) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | の | |  |  | | | |  | | | |  | | | | | | |  | | |  | | | |  | | |  | | | |
| (フリガナ) | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | |
| ※口座の名義は通帳どおりに正確に記入してください。間違いがあると支給が遅れる場合があります。  　添付する書類　　□　領収証　　　　　　　　□　購入する福祉用具のパンフレット等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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