|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **介護保険居宅介護（支援）住宅改修費支給申請書（受領委任払い用）**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **フリガナ** |  | **保険者番号** | |  | | | | **4** | | **3** | | **2** | | **1** | | **0** | | **4** | | | **被保険者氏名** |  | | **被保険者番号** | |  |  | |  | |  | |  |  |  | |  | |  | |  | | **改修時の要介護度** |  | | **生年月日** | **明・大・昭　　年　月　日生** | **性　別** | | **男　・　女** | | | | | | | | | | | | | | | | | **住　　所** | **〒**  **電話番号** | | | | | | | | | | | | | | | | | | | | **住宅の所有者** | **本人との関係（　　　　　　　　）** | | | | | | | | | | | | | | | | | | | | **改修の内容・**  **個所及び規模** |  | | **業者名** | | |  | | | | | | | | | | | | | | | **着工日** | | | **年　　月　　日** | | | | | | | | | | | | | | | **完成日** | | | **年　　月　　日** | | | | | | | | | | | | | | | **改修費用** | **円** | | | | | | | | | | | | | | | | | | | | **菊池市長　様**  **上記のとおり関係書類を添えて居宅介護（支援）住宅改修費の支給を申請します。**  **また、該当申請に基づく介護保険居宅介護（支援）住宅改修費支給申請書及び給付金の受領に**  **関する権限を下欄の受取人に委託します。**  **年　　月　　日**  **申請者　住　所　　　　　　　　　　　　　　　　　　　　　　　　電話番号**  **氏　名　　　　　　　　　　　　　　　　　　　　　印** | | | | | | | | | | | | | | | | | | | |   **注意　・この申請書に、領収書及び介護支援専門員等が作成した住宅改修が必要と認められる理由を記載した書類、**  **完成後の状態が確認できる書類等を添付してください。**  **・改修を行った住宅の所有者が当該被保険者でない場合は、所有者の承諾書も併せて添付してください。**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **請　求　書（受取人兼請求者）**  **菊池市長　様**  **年　　月　　日**  **住　　　　　所 電話番号**  **事　業　所　名**  **氏名（代表者）　　　　　　　　　　　　　　　　　　　　　印**  **上記の給付費を下記のとおり請求します。なお、下記の指定する口座に振り込んで下さい。** | | | | | | | | | | | | | | | | | | | | | | | | | | **請求金額　　　　　　　　　　　　　　　　　　　　　　　　　円** | | | | | | | | | | | | | | | | | | | | | | | | | | **口座振替**  **依頼欄** | **銀　 行**  **信用金庫**  **信用組合**  **農　　協** | | | | | | **本　店**  **支　店**  **支　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** | | | | | | **支店・店舗コード** | | | | | | | |  |  |  |  | |  | | | |  | | |  | | **ゆうちょ銀行** | | **記号（店番）** | | | |  |  |  |  |  | **番号（口座番号）** | | |  |  |  |  |  | |  |  |  | | | **フリガナ** | | | |  | | | | | | | | | | | | | | | | | | | | | **口座名義人** | | | |  | | | | | | | | | | | | | | | | | | | | |