様式第14号(第13条関係)

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| 介護保険居宅介護(支援)住宅改修費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ  被保険者氏名 | | |  | | | | | | | | | | 被保険者番号 | | | | | | | | | | | |  |  | | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  |
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| 個人番号 | | | | | | |  | |  | | |  |  | | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |
| 生年月日 | | | 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・  箇所及び規模 | | |  | | | | | | | | | | | | | 業者名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 着工予定日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 完成日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 改修費用 | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 阿蘇市長　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。  　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | 住所  電話番号  　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書の裏面に、領収書及び介護支援専門員等が製作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  　　　　て下さい。  　　　・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  　　　　せて添付して下さい。  　居宅介護(支援)住宅改修費を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | 支店コード | | | | | | | | | |
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| ゆうちょ銀行 | | | | |  | |  |  | |  | | |  | | － | |  | |  | | |  | | |  | | | |  | | | |  | | |  | | |  | | | |  | | |
| フリガナ  口座名義人 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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