様式第１号（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護（介護予防）福祉用具購入費支給申請書【受領委任払】   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ |  | | | 保 険 者 番 号 | | | | | | | | |  | |  |  |  |  |  | | | 被保険者氏名 |  | | | | 被保険者番号 | | |  |  |  | |  | | |  |  |  |  |  | |  | | 生年月日 | （元号）　　　　年　　　月　　　日 | | | | | 性　別 | | | | 男　・　女 | | | | | | | | | | | | 住所 | 〒  　　℡（　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | 福祉用具名  （種目又は商品名） | | 製造業者名  又は販売業者名 | | | 購　入　金　額 | | | | | | | 購　入　日 | | | | | | | | | |  | |  | | | 円 | | | | | | | 年　　月　　日 | | | | | | | | | |  | |  | | | 円 | | | | | | | 年　　月　　日 | | | | | | | | | |  | |  | | | 円 | | | | | | | 年　　月　　日 | | | | | | | | | | 確　認 |  | 支給決定額 | 円 | | | | | | | | | | | | | | | | | | | 川南町長　様  　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、その請求及び受領を次の販売業者に委任します。  　　　　年　　月　　日  住　所  申請者  氏　名　　　　　　　　　　　　印  ℡（　　　　　　　　　　　）  　　　　　　　　　　　　　　　　　　　　　　　　（代筆者）　　　　　　　　　（続柄　　　） | | | | | | | | | | | | | | | | | | | | |   備考　当該福祉用具のパンフレット等の写し及びその他の当該特定福祉用具の概要を記載した書類を、  この申請書と一緒に提出してください。    川南町介護保険福祉用具購入費及び住宅改修費の受領委任払に関する要綱を承知し、代理受領することについて、申し出ます。  　　　　年　　月　　日  　　　　　　　　　　　　　　　　　　　　　　　　　住　　　所  販売業者  代表者氏名　　　　　　　　　　　印  ℡（　　　　　　　　　　　）  　注意  　　購入後は、「給付券」の裏面に記載している必要書類を提出してください。 |