様式第２号（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護（介護予防）住宅改修費支給申請書【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 | 〒  　　℡（　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | 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　日 | | 年　　　月　　　日 | | | | | | | | | | | | | | 改　修　額 | | 円 | | | | | | | | | | | | | | 改修費用 | 円 | | | | | | | | | | | | | | | | | | | | 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）住宅改修費の支給を申請し、その請求及び受領を次の施工業者に委任します。  　　　　年　　月　　日  住　所  申請者  氏　名　　　　　　　　　　　　　印  ℡（　　　　　　　　　　　）  　　　　　　　　　　　　　　　　　　　　　　　　（代筆者）　　　　　　　　　（続柄　　　） | | | | | | | | | | | | | | | | | | | |   備考　１　工事見積書及び日付が入った改修前後の写真を、この申請書と一緒に提出してください。  ２　改修を行う住宅が当該被保険者の所有でない場合は、所有者の承諾書を提出してください。    川南町介護保険福祉用具購入費及び住宅改修費等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  施工業者  代表者氏名　　　　　 　　　　　印  ℡（　　　　　　　　　　　）  注意  完成後は、「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。 |