様式第２号（第４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（受領委任払い用） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ふりがな  被保険者氏名 | | |  | | | | | | | | | 保険者番号 | | | | １１３４６４ | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | |
| 被保険者  番号 | | | | ０ | | ０ |  | |  | |  | |  |  | |  | |  | |  |
| 個人番号 | | | |  | | | | | | | | | | | | | | | | |
| 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |  | | | | | | | | 事業者 | | | |  | | | | | | | | | | | | | | | | | |
| 着工日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | |
| 完成日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | |
| 改修費用 | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 川島町長　　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、上記申請に基づく住宅改修費の受領方を下記の者に委任します。  　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | 住所  氏名　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書の裏面に、領収証及び住宅改修費内訳書、完成後の状態が確認できる書類を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 事業者名  代表者名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 所在地 | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 振込先 | 銀行  信用金庫  農　　協 | | | | | | | 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 | | | | | | | 店舗コード | | | | | |
|  | | |  |  |  | |  |  |  | | |  |
| ふりがな  口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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