第７号様式（第８関係）　　　　　（表）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護(介護予防)福祉用具購入費支給申請書(受領委任払用)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ |  | | | | | | | | | | | 保険者番号 | | | | |  |  |  |  | **1** | | **3** | **2** | **0** | **8** | **4** | | 被保険者氏名 |  | | | | | | | | | | | 被保険者番号 | | | | | 0 | 0 | 0 |  |  | |  |  |  |  |  | | 生年月日 | 大・昭・平　　　　 年 　　月　 　日 | | | | | | | | | | | 電話番号 | | | | | （　 　） | | | | | | | | | | | | 住所 | 調布市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 購入商品名  種目名に丸，TAISｺｰﾄﾞ | | | | 製造事業者名 | | | | | | 販売事業者名 | | | | | | 商品ごとの  合計購入金額 | | | | | | 領収年月日 | | | | | | | 指定販売店事業者番号 | | | | | | | | | | | | | 腰掛便座・入浴補助用具・スロープ  その他(　　　　　 　　　　　 )  TAISｺｰﾄﾞ(　　　 －　　　 　) | | | |  | | | | | |  | | | | | | ①  円 | | | | | | 年  月 　日 | | | | | | |  |  |  |  |  | |  |  | |  |  |  | | 腰掛便座・入浴補助用具・スロープ  その他(　　　　　　　　　 )  TAISｺｰﾄﾞ(　　　 －　　　 　) | | | |  | | | | | |  | | | | | | ②  円 | | | | | | 年  月 　日 | | | | | | |  |  |  |  |  | |  |  | |  |  |  | | 腰掛便座・入浴補助用具・スロープ  その他(　　　　　　　　　 )  TAISｺｰﾄﾞ(　　　 －　　　 　) | | | |  | | | | | |  | | | | | | ③  円 | | | | | | 年  月 　 日 | | | | | | |  |  |  |  |  | |  |  | |  |  |  | | 購入合計額  (①＋②＋③) | | | 円 | | | | | | 自己負担額  購入金額から保険給付額(１円未満の端数が  発生した場合は切捨)を  控除した残額 | | | | | | | 円  （利用者負担割合: 　　割） | | | | | | | | | | | | | 福祉用具が  必要な理由  ・購入用具ごとに記載  ・スロープ購入時は，  設置数場所及び設置数を明記  ・枠内に記載が困難な場合は，別紙および裏面等に記載してください | | 記入者名 　　　　　　　　（１．ケアマネジャー　２．専門相談員） | | | | | | | | | | | | | | | | | | | | | | | | | | | 調布市長　宛  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ます。  また，この申請に基づく居宅介護（介護予防）福祉用具購入費の受領に関する権限を次の者に委任します。  　　年　　月　　日  【申請者】　　住　　所  氏　　名　　　　　　　　　　　（署名）  　　　　　　　　　　　 　（連絡先） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 【受任者】　　登録番号　調福 -  所在地  事業所名  代表者名  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |   注意　**領収書，購入商品のカタログ(コピー可)**を添付してください。 |

（裏）

介護保険居宅介護(介護予防)福祉用具購入費を下記の口座へ振り込んでください。

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 口座振替依頼欄 | 銀行名 | 支　店　名 | 預金種目 | 口座番号 | | | | | | |
| 銀行・信用金庫  農協・信用組合 | 本店  支店・出張所 | １　普通  ２　当座 |  |  |  |  |  |  |  |
| フリガナ |  | | | | | | | | |
| 口座名義人 |  | | | | | | | | |

※調布市記入欄

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 区分 | 保険料納付状況 | 保険対象額 | 本人負担額 | 支給決定額 | 備考 |
| １　一般  ２　支払方法の変更  ３　給付額減額 | 未納保険料  有　・　無  滞納保険料  有　・　無 |  |  |  |  |