**様式第６号の１及び７号の１**

**介護保険居宅介護（予防）住宅改修費支給申請書兼請求書（受領委任払用）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | |  | | | | | | | | | | | **保険者番号** | | | | | | | | | **２８３８１２** | | | | | | | | | | | | | | | | | | | | | |
| **被保険者氏名**  **被保険者番号** | | |  | | | | | | | | | | |  | | | | | | | | |  |  |  | | |  | |  | |  | | |  | | |  | |  | |  | | |
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|  | | | **明・大・昭 年 月 日生** | | | | | | | | | | | | | | | **１号・２号** | | | | | | | | | **性別** | | | | | | | **男 ・ 女** | | | | | | | | | | |
| **住 所** | | |  | | | | | | | | | | | | | | | | | | | | | | | | **電話 （ ）** | | | | | | | | | | | | | | | | | |
| **改修内容** | **改修地住所** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **改修種別** | | **1手すりの取付け**  **2段差解消**  **3滑りの防止等**  **4扉の取替え等**  **5洋式便器への取替え**  **6その他** | | | | | | | **改修業者名** | | | | | | | **電話 （ ）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **着工日** | | | | | | | **令和 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **（ ）** | | | | | | | **完成日** | | | | | | | **令和 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **改修の内容**  **（個所・規模）** | | **別紙内訳書のとおり** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **承認を受けた支給予定額** | | | **円** | | | | | | | | | | | | | **※住宅改修費支給申請承認通知書に記載された支給予定額** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **該当に○印** | | | **要支援１** | | | | **要支援２** | | **要介護１** | | | | **要介護２** | | | | | | | **要介護３** | | | | | | **要介護４** | | | | | | | | | | **要介護５** | | | | | | | | |
| **（負担割合）　　　１割　　　　２割　　　　３割** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **稲美町長様**  **上記のとおり関係書類を添えて居宅介護（予防）住宅改修費の支給を申請します。**  **また、当該申請に基づく居宅介護（予防）住宅改修費の給付金の受領に関する権限を**  **下欄の受取人に委任します。**  **令和 年 月 日**  **住所 稲美町**  **委任者（被保険者）**  **氏名 ㊞ 電話 （ ）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **事業者所在地**  **受任者（受取人）事業者名称**  **代表者氏名 ㊞ 電話 （ ）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **[添付書類]**  **①領収証及び工事費内訳書（任意様式可）**  **②工事後の状態を確認できる撮影日の入った写真**  **居宅介護（予防）住宅改修費を下記の口座へ振り込んで下さい。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **口座振込** | | **農協・銀行**  **信金・信組** | | | | | | | | | **本・支店** | | | | | | | | | | **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** | | | | | | | | | |
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| **フリガナ** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **口座名義人** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **【稲美町記載欄】** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **支給予定額 円** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **支給決定額 円** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **支給決定年月日** | | | | **令和 年 月 日** | | | | | | | | | | | **処理者** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

**工事後の状態を確認できる書類等**

改修後

　　　　　撮影日 令和 年 月 日

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|  |
| （備考） |

改修後

　　　　　撮影日 令和 年 月 日

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| （備考） |