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| **介護保険居宅介護（介護予防）住宅改修費支給申請書（償還払用）**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ﾌ ﾘ ｶﾞ ﾅ  被保険者氏名 |  | 個人番号 | |  | | | | | | | | | | | 被保険者番号 | |  |  |  |  |  |  |  |  |  |  | | 生年月日 | 年 　　月 　　日 | 要介護(　　) ･ 要支援(　　) | | | | | | | | | | | | | 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 |  | 施工業者名 |  | | | | | | | | | | | | 着工日 | 年 　　　月　　 　日 | | | | | | | | | | | | 完成日 | 年 　　　月　 　　日 | | | | | | | | | | | | 改 修 費 用 | 円 | | | | | | | | | | | | | | 阿　賀　野　市　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ます。  　　　　　　　　年　　月　　日  　　　　住　所  申請者  　　　　氏　名　　　　　　　　　　　　　　　　　　　　　　　　　電話番号　　　　（　　） | | | | | | | | | | | | | |   注意　・事前申請として、この申請書に、介護支援専門員等が作成した住宅改修が必要と認められる理由を記載した理由書、住宅改修  　　　　に要する費用の見積書、住宅改修の完了予定の状態がわかる書類等（施工前写真（撮影年月日入り）並びに見取図）を添付し  　　　　てください。  ・改修を行った住宅の所有者が該当被保険者でない場合、下記もご記入ください。   |  |  | | --- | --- | | 住宅改修の  承　諾　欄 | 年　　　月　　　日  　　　　　　　　　　　　　　　　　　（住宅所有者）住　　所  氏　　名  私は、上記表示の住宅に、　　　　　　　　　　　　　　　が上記の住宅改修を行うことを承諾いたします。 |   居宅介護（支援）住宅改修費を下記の口座に振り込んでください。   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座振込  依 頼 欄 | 銀行・農協 | | 本店・本所 | 種目 | 普通・当座 | 口　座　番　号 | | | | | | | | 信用金庫・信用組合・労働金庫 | | 支店・支所・出張所 | その他(　　　　　　) |  |  |  |  |  |  |  | | フリガナ  口座名義人 |  | | | | | | | | | | | | 委　任　欄 | ※本人以外の口座に振り込む場合は、必ず記入してください。  住宅改修費の受領を下記の者に委任します。  　　年　　　月　　　日  受託者（口座名義人）住　　所  氏　　名  委託者(本人) | | | | | | | | | | | | |