様式第34号(第21条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険高額介護(予防)サービス費支給申請書  (　　　年　　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ  被保険者氏名 | | | | | |  | | | | | | 保険者番号 | | | | | | | | |  | | | | | | | |  | | |  | | |  | |  | |  | |  | |  |
|  | | | | | | 被保険者番号 | | | | | | | | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |
| 個人番号 | | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |
| 生年月日 | | | | | | 年　月　日生 | | | | | | | | | 性別 | | | | | | 男・女 | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 氏名 | | | | 生年月日 | | 性別 | | | 介護保険の被保険者の場合被保険者番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯構成 | | 世帯主 | | | |  | | | |  | |  | | |  |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | | | | | | | |
| 世帯員 | | | |  | | | |  | |  | | |  |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | | | | | | | |
|  | | | |  | |  | | |  |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | | | | | | | |
|  | | | |  | |  | | |  |  | |  | |  | |  | |  | |  | | |  | |  | | |  | | | | | | | | |
| 湧別町長　様  　上記のとおり高額介護(予防)サービス費の支給を申請します。  　なお、すでに支給済みの高額介護(予防)サービス費について、過誤調整等により支給額の減額の決定がなされた場合、今回以降の高額介護(予防)サービス費の支給額と差額調整を行うことに同意します。  　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | | | 住所  電話番号  氏名　　　　　　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・今回の支給以降、高額介護(予防)サービス費が支給される場合、申請手続は不要となります。また、支給金額は今回申請した指定口座に振り込まれます。  　　　・給付制限を受けている方については、高額介護(予防)サービス費の支給ができない場合があります。  　高額介護(予防)サービス費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 口座振替依頼欄 | | 銀行  信用金庫  信用組合 | | | | | | | 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 | | | | |
|  | |  | |  |  | |  |  | |  | |
| フリガナ  口座名義人 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 湧別町記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 区分 | | 世帯集約番号 | | | | | | 給付制限 | | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 1 単独  2 合算 | |  | | | | | | 有・無  給付割合 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |