様式第7号(第5条関係)

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| (身体障害者　知的障害者　児童)特例居宅生活支援費支給申請書  【　　　　　年　　　月分】  国頭村長　様  年　　月　　日  下記のとおり、関係書類を添えて特例居宅生活支援費の支給を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ | | | | |  | | | | | | | | 居宅受給者証番号 | | | | | | | | | | | | | | | | | | | | |  |
| 申請者氏名 | | | | |  | | | | | | | |  | | |  |  | |  | |  | | |  | |  | | |  | |  | |  |
| 生年月日 | | | | | 年　　　月　　　日 | | | | | | | | 性別 | | | | | | | | | 男　・　女 | | | | | | | | | | | |
| 支給決定に係る児童氏名 | | | | |  | | | | | 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | 性別 | | | 男・女 | | | |
| 居住地 | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特例居宅生活支援費請求額 | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 届出者 | フリガナ | | | |  | | | | | | | | □代理人 | | | | | | | | | | □代行者 | | | | | | | | | | |  |
| 氏名 | | | |  | | | | | | | | 申請者との関係 | | | | | | | | | |  | | | | | | | | | | |
| 住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (注意)　この申請書に該当月分の領収証及びサービス提供証明書を添付してください。  上記に関する特例居宅生活支援費を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込依頼欄 | 銀行  信用金庫  信用組合  農協 | | | | | | 本店  支店  支所  出張所 | | | | | 種目 | | | 1　普通　2　当座　3　その他 | | | | | | | | | | | | | | | | | | |  |
| 口座番号 | | | | | | | | | | | | | | | | | | | | | |
| 金融機関コード | | | | | | 店舗コード | | | | |  | |  | | | |  | |  | | | | |  | | |  | | | |  | |
|  |  | |  | |  |  | |  | |  |
| フリガナ | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市町村記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 領収証確認欄 | | | サービス提供証明書確認欄 | | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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