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| 様式第26号（第17条関係） | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |
|  | | 令第43条の5第1項に規定する高額障害福祉サービス等給付費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 丸亀市福祉事務所長　 宛 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 次のとおり関係書類を添えて障害者の日常生活及び社会生活を総合的に支援するための法律施行令第43条の5第1項に規定する高額障害福祉サービス等給付費の支給を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 申請年月日　　　 　　年 　月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | |  | | | | | | | | | | | | | | | | ①障害者総合支援法②児童福祉法③介護保険法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者氏名  (支給決定障害者等氏名) | | | | 個人番号： | | | | | | | | | | | |  | | | | 制　度 | | | | | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ | | | |  | | | | | | | | | | | | | 続　　柄 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支給決定に係る  児童氏名 | | | |  | | | | | | | | | | | | | 生年月日 | | | | | | | 年 　　月 　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| サービス利用月の世帯における対象費用の支払合計額 | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | 申請に係るサービス利用月 | | | | | | | | | | | 年 月分 | | | | | | | | | | | |
| サービス利用月の申請者の対象費用の支払合計額 | | | | | | | | | | | | | | | | | 円 | | | | | | | | | |
| 支給決定障害者  同一世帯に属する他の | 氏　　　　名 | | | | | | | | | | | 生年月日 | | | | | | | | ①障害者総合支援法②児童福祉法③介護保険法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 制　度 | | | | | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号： | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |
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| 個人番号： | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |
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| （注１）支払額を証する領収書を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注２）世帯範囲の特例の適用を受けている場合は、その世帯範囲で申請してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注３）申請者と同一世帯の他の支給決定障害者等全員分の申請書を併せて提出してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 高額障害福祉サービス等給付費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座振替  依頼書 | | |  | | | | | | | |  | | | | | | | 種目 | | | | | | | | | |  | | | 口座番号 | | | | | | | | | | | | | | | |  | | |
| １普通預金  ２当座預金  ９その他 | | | | | | | | | |  | | |  | | | | |  | | |  | |  | | | |  | |  | | |
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| 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 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申請書提出者 | | | | □申請者本人　　□申請者本人以外（下の欄に記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | 申請者  との関係 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | |
| 住所 | | | | 〒 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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