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|  | 令第四十三条の五第六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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 日南町福祉事務所長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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四十三条の五第六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介護保険法 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者氏名 | | | | 個人番号： | | | | | | | | | | | | |  | | | 制　度 | | | | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | 年 月 日 | | | | | | | | | | | | | | | |  | | | | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |
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| サービス利用月の障害福祉相当介護保険サービス支払額（注） | | | |  | | | | | | | | 申請に係る  サービス  利用月 | | | | 年 月分 | | | | | | | | | | 65歳に達する  までの介護保険法による保険  給付の受給有無 | | | | | | | | | | | | | | □無 | | | | | | | |
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| （注）生活保護受給者等の方については、生活保護制度における介護扶助等の金額を記載（本人支払額があれば分けて記載）してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注）支払額を証する領収書を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | |  | | | | | | | | | | | | | | | | | | |
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