別記様式第27号（第19条第1項関係）

介護保険　高額介護（介護予防）サービス費支給申請書

（　　　　　年　　　月分）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| フリガナ | | | | |  | | | | | | | | | | | 保険者番号 | | | |  | | | | | | | | | ０ | | | １ | | | ４ | | | ６ | | | ４ | | | ７ | | |
| 被保険者氏名 | | | | |  | | | | | | | | | | |
| 被保険者番号 | | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 生年月日 | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | 性　別 | | | | | | 男　・　女 | | | | | | | | | | | | | | | | | | | | |
| 住　　所 | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 該当月分の支払額合計額 | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 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 | | | | |  | | | | | | | |  | | | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  |
|  | | | | | | | |  | | | |  | | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  |
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| 和寒町長　　　　　　　　　　様  上記のとおり関係書類を添えて高額介護（居宅支援）サービス費の支給を申請します。  年　　月　　日  住所  申請者　　　　　　　　　　　　　　　　　　　　電話番号  氏名　　　　　　　　　　　　　　　印　（被保険者との関係　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意・給付制限を受けている方については、高額介護（居宅支援）サービス費の支給ができない場合があります。  ・この申請書の裏面に領収証を添付して下さい。  高額介護（居宅支援）サービス費の支給は、下記のとおり申し出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 口座振替依頼欄 |  | 銀　　行  信用金庫 | | | | | | | | 本店  支店 | | | | | | | 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 | | | | | | |
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| フリガナ  口座名義人 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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※和寒町記入欄

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| 区分 | 世帯集約番号 | 領収書確認欄 | 給付制限状況 | 備　　　　　　　考 |
| 1単独  2合算 |  |  | 有・無  給付割合 | （所得分布の状況等を把握） |