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| **介護保険高額介護（介護予防）サービス費支給申請書**  **《　受領委任専用　》**  　　　　　　　年　　　月　提出　（　要支援　　　,要介護　　　）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ  被保険者氏名 |  | 保険者番号 | 苫小牧市 | | | | | | | | | ０ | | １ | | ２ | | １ | | ３ | | ８ | | |  | | 被保険者番号 | ０ | | ０ | | ０ | | ０ | | |  | |  | |  | |  | |  | |  | | | 個人番号 |  |  | |  | |  | |  | | |  | |  |  |  | |  | |  | |  | | 生年月日 | 明 ・ 大 ・ 昭　　　 年　　 月　 　 日生 | | 性別 | | | | | | | | | 男 　・　 女 | | | | | | | | | | | | | 被保険者住所 | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | 入所施設 | 〒  電話番号 | | | | | | | | | | 受領委任開始年月 | | | | | | | | | | | | | | 年　　　　月 | | | | | | | | | | | | | | 苫小牧市長　様  　　　　上記のとおり高額介護（介護予防）サービス費の支給を申請します。  　　　　また、この申請に関して保険者が必要とするときは、保険者が私と私の属する世帯の世帯主及び  　　　世帯員の所得状況等について調査することに同意します。  　　　　　　　　　年　　　　月　　　　日  　　　　　　　　　住　所　　苫小牧市　　　　　　　町　　　　丁目　　　　　番　　　　　号  　申請者    氏　名 | | | | | | | | | | | | | | | | | | | | | | | |   　　　　注意　・今回の支給以降、高額介護（介護予防）サービス費が支給される場合、申請手続きは一覧表のみ  提出いただくことになります。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。  （平成17年10月提供分以降）  ・給付制限を受けている方については、高額介護（介護予防）サービス費の支給ができない場合があ  ります。   |  |  | | --- | --- | | **受領委任** | 上記申請に係わる高額介護サービス費の受領の権限を次の者に委任します。  　　　年　　　月　　　日  住所  委任者（申請者）  氏名 | | 所在地  受任者（介護保健施設）名称    代表者 |   上記の高額介護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 | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |   ※苫小牧市記載欄 （ｶｰﾄﾞ確認・職権記載）   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 確認日 | 区分 | 給付制限状況 | 世帯課税/非課税 | 老齢福祉年金 | 受付印 | | ・　　　・ | □単独　□合算 | 有　・　無 | 課　・　非 | 有　・　無 | | ・　　　・ | □単独　□合算 | 有　・　無 | 課　・　非 | 有　・　無 | |