様式第33号（第22条関係）

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| 介護保険高額介護(居宅支援)サービス費支給申請書  年　　月分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ  被保険者氏名 | | | |  | | | | | | | | | | | | 被保険者  番号 | | | | | | | |  |  | |  | | | |  | | |  | | |  | |  | | |  | | |  | | |  |  | |
|  | | | | | | | | | | | |
| 個人番号 | | | |  | |  | |  |  | |  | | | |  | | |  | | |  | |  | | |  | | |  | | |  |
| 生年月日 | | | | 年　　月　　日生 | | | | | | | | | | | | 性別 | | | | | | | 男・女 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | 〒　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 該当月分の支払額合計 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 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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| 伊方町長　　　　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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 申請者 | | | | | 住所  　氏名 | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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ください。  　　高額介護(居宅支援)サービス費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込依頼欄 | | | 銀行  信用金庫  農協 | | | | | | | | | 本店  支店  支所 | | | | | | 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 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 伊方町記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | | 世帯集約 番号 | | | | | 領収書 確認欄 | | | 給付制限 状況 | | | | | | 自己負担上限額 | | | | | | | | | | | | 備考 | | | | | | | | | | | | | | | | | | | | |  |
| 1単独  2合算 | |  | | | | |  | | | 有・無  給付割合 | | | | | | ・一般  ・住民税世帯非課税等  ・老福年金受給者等 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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