様式第２７号（第１９条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険居宅介護（介護予防）サービス費、特例居宅介護（介護予防）サービス費  　　地域密着型介護介護（介護予防）サービス費、特例地域密着型（介護予防）サービス費  居宅介護（予防）サービス計画費、特例居宅介護（介護予防）サービス計画費　　　　支給申請書  施設介護サービス費、特例施設介護サービス費  特定入所者介護（介護予防）サービス費、特例特定入所者（介護予防）サービス費 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| (　　　年　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | フリガナ | | 円 | | | | | | | | | 保険者番号  円 | | |  | | | | | | | | | | 0 | 8 | | 2 | 1 | 2 | | 3 |
| 被保険者氏名 | |  | | | | | | | | |
| 被保険者番号 | | |  | |  | |  | |  |  | |  |  |  | |  |  |  | | |
| 個人番号 | | |  | |  | |  | |  |  | |  |  |  | |  |  |  | |  |
|  | | 年　　月　　日 | | | | | | | | | 性　別 | | | | 男　･　女 | | | | | | | | | | | | | | | | |
|  | | 〒  　　　　　　　　　　　　　　　　　　　 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支払金額合計 | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 常陸太田市長　殿  上記のとおり、関係書類を添えて居宅介護(介護予防)サービス費、特例居宅介護(介護予防)サービス費、地域密着型（介護予防）サービス費、特例地域密着型（介護予防）サービス費、居宅介護(介護予防)サービス計画費、特例居宅介護(介護予防)サービス計画費、施設介護サービス費、特例施設介護サービス費、特定入所者介護（介護予防）サービス費又は特例特定入所者介護（介護予防）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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意･この申請書に該当月分の領収証及びサービス提供証明書又は居宅介護支援提供証明書も併せて添付 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| してください｡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の給付費を下記の方法で支給して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座払  振込先 | | 金融機関名 | | | | | 支店名 | | | | | | 種目 | | | | | 口座番号 | | | | | | | | | | | | | | |  |
|  | | | | |  | | | | | | １．普通預金  ２．定期預金  ３．その他 | | | | |  | |  | | |  | |  | |  | |  | |  | |
| 金融機関コード | | | | | 支店コード | | | | | |
|  | |  |  |  |  | |  |  | | |
| フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 窓口払 | | 本庁　・　金砂郷支所　・　水府支所　・　里美支所  （受取り場所に○を付けてください） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | 区 分 | | 保険料納付状況 | | | | | 領収書  確認欄 | | | サービス  提供証明書  確認欄 | | | 備 考 | | | | | | | | | | | | | | | | | | |
| １一般  ２支払方法の  変更  ３給付額減額 | | 未納保険料  　　有･無  　滞納保険料  　　有･無 | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |