第２９号様式

介護保険福祉用具購入費支給申請書

年　　月　　日

唐津市長　様

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者の情報 | 被保険者番号 |  |  |  |  | |  | | |  |  | |  |  |  | 個人番号 | | | | | |  | |  |  | |  | | |  |  |  | |  |  |  | |  |  |
| フリガナ |  | | | | | | | | | | | | | | 性別 | |  | | | 生年月日 | | | | 年　　月　　日 | | | | | | | | | | | | | | |
| 被保険者氏名 |  | | | | | | | | | | | | | |
| 住所 | 郵便番号 | | | | | | |  | | | | | | | | |
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| 電話番号 |  | | | | | | | | | | | | | | | |
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| 提出代行者の情報 | 提出代行者の氏名 |  | | | | | | | | | | | | | | 被保険者との関係 | | | | | | |  | | | | | | | | | | | | | | | | |
| 事務所の名称 |  | | | | | | | | | | | | | | 事業所の種別 | | | | | | |  | | | | | | | | | | | | | | | | |
| 事業所の住所 | 郵便番号 | | | | | |  | | | | | | | | | |
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| 事業所の電話番号 |  | | | | | | | | | | | | | | | |
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| 福祉用具の情報 | 福祉用具 1品目の情報 | 福祉用具の種目 | | | | | | | | | |  | | | | | | | | 福祉用具名 | | | | | | | |  | | | | | | | | | | | |
| 製造事業者名 | | | | | | | | | |  | | | | | | | | 商品のTAISコード | | | | | | | |  | | | | | | | | | | | |
| 販売事業者名 | | | | | | | | | |  | | | | | | | |
| 購入金額 | | | | | | | | | |  | | | | | | | | 購入年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | |
| 福祉用具が必要な理由 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具 2品目の情報 | 福祉用具の種目 | | | | | | | | | |  | | | | | | | | 福祉用具名 | | | | | | | |  | | | | | | | | | | | |
| 製造事業者名 | | | | | | | | | |  | | | | | | | | 商品のTAISコード | | | | | | | |  | | | | | | | | | | | |
| 販売事業者名 | | | | | | | | | |  | | | | | | | |
| 購入金額 | | | | | | | | | |  | | | | | | | | 購入年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | |
| 福祉用具が必要な理由 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具 3品目の情報 | 福祉用具の種目 | | | | | | | | | |  | | | | | | | | 福祉用具名 | | | | | | | |  | | | | | | | | | | | |
| 製造事業者名 | | | | | | | | | |  | | | | | | | | 商品のTAISコード | | | | | | | |  | | | | | | | | | | | |
| 販売事業者名 | | | | | | | | | |  | | | | | | | |
| 購入金額 | | | | | | | | | |  | | | | | | | | 購入年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | |
| 福祉用具が必要な理由 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 振込口座の情報 | 金融機関名 |  | | | | | | | | | | 金融機関種別 | | | | |  | | 金融機関コード | | | | | | | | | |  | | | | | | | | | | |
| 金融機関支店名 |  | | | | | | | | | | 種別 (本店・支店・出張所) | | | | |  | | 店舗コード | | | | | | | | | |  | | | | | | | | | | |
| 口座種別 |  | | | | | | | | | | | | | | | | |
| 口座番号 |  | | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | |
| 口座名義人 |  | | | | | | | | | | | | | | | | |