石狩市介護保険居宅介護（介護予防）住宅改修費支給請求書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | フリガナ | | |  | | | | | | 被保険者番号 | | | | | | | | | | | |
|  | 被保険者氏名 | | |  | | | | | |  |  |  |  | | |  |  |  |  |  |  |
|  | 負担割合 | | | | | １割・　２割・　３割 | | | | | | |
|  | 住宅所在地 | | |  | | | | | | | | | | | | | | | | | |
|  | 住宅所有者氏名 | | |  | | | | | | | | | | | | | | | | | |
|  | 着　工　日 | | | | 年　　月　　日 | | | | 完　成　日 | | | | | 年　　月　　日 | | | | | | | |
|  | 施工業者名 | | | |  | | | | 改修費用 | | | | | 円 | | | | | | | |
|  | 被保険者負担額（保険対象費用額×0.1、0.2又は0.3） | | | | | | | 円(１円未満切り上げ) | | | | | | | | | | | | | |
|  | 改修内容・箇所及び規模 |  | | | | | | | | | | | | | | | | | | | |
|  | 石狩市長　様　　　　　　　　　　　　　　　　　　　　　　年　　月　　日  　上記内容の居宅介護（介護予防）住宅改修費を請求します。 | | | | | | | | | | | | | | | | | | | | |
| 印 | 請求者 | | | 住所 | | | 〒 | | | | | | | | | | | | | | |
|  | 氏　　　　名 | | | 印 | | | | | | | | | | | | | | |
|  | 電話番号 | | | （　　　　 ）　　　　― | | | | | | | | | | | | | | |
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|  | | |  | | | 決定年月日 | | | | | | | |  | | | | | | | |
|  | | |  | | | 年　　月　　日 | | | | | | | |  | | | | | | | |
|  | | | 申請済額 | | | 円 | | | | | | | |  | | | | | | | |
|  | | | 今回申請額 | | | 円 | | | | | | | |  | | | | | | | |
|  | | | 今回支給決定額 | | | 円 | | | | | | | |  | | | | | | | |