別記様式第１号（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 日常生活用具等給付申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 東広島市福祉事務所長様 | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
| 次のとおり、日常生活用具等の給付を申請します。  　また、東広島市住民基本台帳による世帯構成員及び市民税課税台帳による市民税額など、決定において福祉事務所が必要と認める情報を調査し、又は確認することについて同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | ﾌﾘｶﾞﾅ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 対 象 者  との続柄 | | | | |  | | | | | |
| 氏　名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | |  | | |  |  | |  | |  |  | | | |  |  | |  | | | |  | |  | |  |
| 住　所 | | 〒  電話番号（　　　　　）　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者 | ﾌﾘｶﾞﾅ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | 年　　　月　　　日 | | | | | |
| 氏　名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | |  | | |  |  | |  | |  |  | | | |  |  | |  | | | |  | |  | |  |
| 住　所 | | 〒  電話番号（　　　　　）　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害者手帳 | 身体障害者 | | 県・市　　 　　　　号 | | | | | | | | | | | | | | 級 | | | | | | | | 障害名など | | | | | | |  | | | | | | | | | | |
| 療育手帳 | | 県　　　　　　　号 | | | | | | | | | | | | | | 程度 | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 精神保健福祉 | | 県　　　　　　　号 | | | | | | | | | | | | | | 級 | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 難 病 患 者 | | | 疾 病 名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯構成員 | 氏名 | | | | | | | | 続柄 | | | | | 生年月日 | | | | | | | | ※右の欄は記入しないでください。 | | | | 市民税 | | | | | | | | 同月決定 | | | | | | 備考 | | |
|  | | | | | | | | 本人 | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
|  | | | | | | | |  | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
|  | | | | | | | |  | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
|  | | | | | | | |  | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
|  | | | | | | | |  | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
|  | | | | | | | |  | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
|  | | | | | | | |  | | | | |  | | | | | | | | □ | | | | 課税 | | | | □ | | 無 | | | |  | | |
| □ | | | | 非課税 | | | | □ | | 有 | | | |  | | |
| 給付希望用具 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業者 | 名　称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | 連絡先（　　　　　）　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給付希望理由等 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※下の欄は記入しないでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 日常生活用具等給付決定調書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
| 決裁欄 | 上記申請について、次のとおり決定してよいでしょうか。 | | | | 起案日 | | | | | | | | | | | | | | 課長 | | | | | | | | | 課長補佐 | | | | | | | 係長 | | | | 起案者 | | 公印押印承認 | |
| 年　　月　　日 | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | |  | |  | |
| 決裁日 | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | |  | |  | |
| 年　　月　　日 | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | | | |  | |  | |
| 補助基準額 | | 費用総額 | | 給付算出額 | | 公費負担額 | | | | | | 受給者支払額 | | | | | | | | | | | | | | | | | | | 用具名 | | | | | | | | | 業者名 | | 給付番号 |
| 定率額分 | | | | | | 差額分 | | | | | | 合計 | | | | | | |
| 円 | | 円 | | 円 | | 円 | | | | | | 円 | | | | | | 円 | | | | | | 円 | | | | | | |  | | | | | | | | |  | |  |
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| 合計 | | 円 | | 円 | | 円 | | | | | | 円 | | | | | | 円 | | | | | | 円 | | | | | | |  | | | | | | | | |  | |  |