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| 様式第38号(第21条関係)  介護保険居宅介護(介護予防)住宅改修費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ | |  | | | | | | | | | | | | | 保険者番号 | | | | | |  | | | | | | | | | 3 | | 8 | 2 | | | 1 | | 4 | | | 3 |  |
| 被保険者氏名 | |  | | | | | | | | | | | | |
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| 住所 | | 〒　　　　―  愛媛県西予市  電話番号(0894)―(　 　)―(　 　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住宅の所有者 | | 本人との関係(　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 改修の内容・箇所及び規模 | |  | | | | | | | | | | | | | 業者名 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 着工日 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
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| 改修費用 | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 西予市長　　様  　　　上記のとおり関係書類を添えて居宅介護(介護予防)住宅改修費の支給を申請します。  　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | | 住所　愛媛県西予市  氏名 | | | | | | | | | | | | | | | | | | | 電話番号(0894)　　―  本人との関係(　　　　　　　) | | | | | | | | | | | | | | | | | | | |
| 注意　・この申請書の裏面に、領収証及び介護支援専門員等が作製した住宅改修が必要と認められる理由を記載した書類、完成後の状態が確認できる書類等を添付して下さい。  　　　　・改修を行った住宅の所有者が当該被保険者でない場合は、所有者の承諾書も併せて添付して下さい。  　居宅介護(介護予防)住宅改修費を下記の口座に振り込んで下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替依頼欄 | 銀行  信用金庫  農協 | | | | | | 本店  支店  支所 | | | | | | 種目 | | | | | 口座番号 | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 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 | | | | | |
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| 口座名義人 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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