様式第１５号

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| 介護保険住宅改修費支給申請書（改修前）  （宛先）所沢市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | |  | | | | | | | | | | | |  |
|  | 事業所の名称 | |  | | | | | | | | | | | | | | 事業所の  種類 | | | | |  | | | | | | | | | | | |  |
|  | 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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|  | 住宅改修の情報 | 住宅改修の  内容  （複数選択可） | 手すりの取付け  段差の解消  滑りの防止や移動の円滑化等を目的とした床又は通路面の材料の変更  引き戸等への扉の取替え  洋式便器等への便器の取替え  上記住宅改修等に付帯して必要となる住宅改修 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 住宅改修を  行う業者名 |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
|  | 着工予定日 | 年　　　月　　　日 | | | | | | | | | | | | | 完了予定日 | | | | | 年　　　月　　　日 | | | | | | | | | | | | | |  |
|  | 住宅改修費  見積額 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| |  |  | | --- | --- | | ※支払い方法区分をお知らせください。 | （　償還払い　受領委任払い　） | | ※住宅の所有者をお知らせください。 | （　本人　同居の親族　その他　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |