（様式第１号）（第６条関係）

**飯山市日常生活用具給付等申請書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請日　　　　年　　月　　日  　飯山市長　あて  **申請者　住　所**  **氏　名**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |   対象者との続柄（　　　　）  　　　　　　電　話    　下記のとおり日常生活用具の給付・貸与を申請します。  　日常生活用具費の給付等の決定のため、私の世帯の住民登録資料、税務資料その他について、各関係機関に調査、照会、閲覧することを承諾します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対 象 者 | | 住所 | |  | | | | | | | | | | | | | | | | 電話 | | |  | | | | | | | | | | | | | | | |
| フリガナ  氏名 | | 男  女 | | | | | | | | | | | | | | | | 生年月日 | | | 年　　月　　日生  歳 | | | | | | | | | | | | | | | |
| 個人番号 | |  |  |  |  | | |  |  | |  |  |  | |  | |  | | |  |  | | | | | | | | | | | | | | | |
| 障害者手帳  障害名  又は疾患名 | | | | 手帳番号 | | | | | 県　第　　　　　号 | | | | | | | | | | | | | | 年　　月　　日交付 | | | | | | | | | | | | | | | |
| 障害種別 | | | | | 身　知　精　難病 | | | | | | | | | | | | 障害等級 | | | | | | | |  | | | | | | | | | |
|  | | | | |  | | |  | | | |  | | | | | | |  | | | |  | | | | | | | | | | | |
| 給付の理由 | | | |  | | | | |  | | |  | | | |  | | | | | | |  | | | |  | | | | | | | | | | | |
| 主な介護者の有無 | | | | 有　　氏名（　　　　　　　　　　　　）対象者との続柄（　　　　）　　無     |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給付を受けたい用具の名称 | | | |  | | | |  | | | |  | | | |  | | | | | | | | 装用に関する意見書・処方箋 | | | | | | | | | | 有  無 | | | | |
| 排泄管理支援用具の申請期間 | | | | １ ・ ２ ・ ３ ・ ４　ケ月 | | | | | | | | | | | | | | 年　　月～　　年　　月分まで | | | | | | | | | | | | | | | | | | | | |
| 希望する給付業者 | | | 名称 |  | | | |  | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| 所在地 |  | | | |  | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| 電話 |  | | | |  | | | |  | | | | ＦＡＸ | | | | |  | | | | | | | | | | | | | | | | | |
| 該当する所得区分 | | | | 生活保護 ・ 市民税非課税（低所得１(80万円以下)・低所得２）  一般 ・ 一定所得以上（市民税所得割46万円以上） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯の状況 | 氏　名 | | | 生年月日 | | | | 年齢 | | | | 対象者との続柄 | | | | 職業 | | | | | | | 備考 | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | |  | | | |  | | | | | | | 個人番号 | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  |  |  |  | |  |  |  |  |
|  | | |  | | | |  | | | |  | | | |  | | | | | | | 個人番号 | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  |  |  |  | |  |  |  |  |
|  | | |  | | | |  | | | |  | | | |  | | | | | | | 個人番号 | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  |  |  |  | |  |  |  |  |
|  | | |  | | | |  | | | |  | | | |  | | | | | | | 個人番号 | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  |  |  |  | |  |  |  |  |
| 生活保護への移行予防措置に関する認定 | | | | □　生活保護への移行予防（定率負担減免措置）を希望します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |