様式第21号の3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険高額介護(介護予防)サービス費支給申請書  (　　　年　　　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ  被保険者氏名 | | |  | | | | | | | | | | 保険者番号 | | | | |  | | | | | | |  | | | |  | | |  | |  | | |  | | |  | | |  |
|  | | | | | | | | | | 被保険者番号 | | | | |  | |  | |  |  | | |  | | | |  | | |  | |  | | |  | | |  | |
| 個人番号 | | |  |  |  | |  | |  |  | | |  | | | |  | | |  | |  | | |  | | |  | |
| 生年月日 | | | 明・大・昭　　　年　　　月　　　日生 | | | | | | | | | | | | | | | 性別 | | | | | | | | | | 男・女 | | | | | | | | | | | | | | |
| 住所 | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 該当月分の支払額合計 | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市川市長  　上記のとおり関係書類を添えて高額介護(介護予防)サービス費の支給を申請します。  　　　　　　　　年　　月　　日  　　　　　　　住所  　　申請者　　氏名　　　　　　　　　　　　印　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意　※給付制限を受けている方については、高額介護(介護予防)サービス費の支給ができない場合が  あります。    高額介護(介護予防)サービス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  信用組合 | | | | | | | 本店  支店  出張所 | | | | | | 種　目 | | | | 口　座　番　号 | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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 | | | | | |
|  | |  |  | |  | |  | |  |  | | |
| フリガナ  口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市川市記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | 世帯集約  番号 | | | | | 領収書  確認欄 | | | | 給付制限  状況 | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| (所得分布の状況等を把握) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1　単独  2　合算 |  | | | | |  | | | | 有・無  給付割合 | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |