様式第1号(第4条関係)

かつらぎ町紙おむつ等支給申請書

年　　月　　日

かつらぎ町長　様

|  |  |
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| 申請者 | |
| 住所 | 〒 |
| 氏名 | ㊞ |
| 支給対象者との続柄 |  |
| 電話番号 |  |

　かつらぎ町紙おむつ等支給事業実施要綱第4条第1項の規定に基づき、紙おむつ等の支給を受けたいので、下記のとおり申請します。

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| 対象者 | 住所 | | | かつらぎ町大字 | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | |  | | | | | | | |
| ふりがな | | |  | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 男　・　女 | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | 年　　月　　日 | | | | | | | |
| 被保険者番号 | | |  | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | | 要介護度 | | | | | 1・2・3・4・5 | | | | | | | |
| 個人番号 | | |  |  | |  | |  | | |  | |  |  | |  | |  | |  | | |  | |  | |
| 要介護認定有効期間 | | | 年　　月　　日～  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯構成 | 氏　　　名 | | | | | | | | | | 対象者との続柄 | | | | | 性別 | | | | | | 年齢 | | | | | 個人番号 | | | | | | | | | | | | | |
| 対象者 |  | | | | | | | | | 本人 | | | | | 男・女 | | | | | |  | | | | |  | |  |  |  |  | |  |  |  |  |  |  |  |
| 世帯員 |  | | | | | | | | |  | | | | | 男・女 | | | | | |  | | | | |  | |  |  |  |  | |  |  |  |  |  |  |  |
|  | | | | | | | | |  | | | | | 男・女 | | | | | |  | | | | |  | |  |  |  |  | |  |  |  |  |  |  |  |
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| 紙おむつ等が必要な理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| ※町記入欄 | □該当 | □在宅　□世帯非課税　□介護保険料滞納状況（□あり　□なし）  □常時失禁状態及び紙おむつの必要性  (□主治医意見書　□ケアプラン　□その他(　　　　　　　　　　　　)) | □非該当 |