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| 第１号様式（第３条関係）  高齢者紙おむつ購入費助成申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護保険 被保険者番号 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 要介護  状態区分 | | | | | | |  | | | | | | | | | 助成券  番号 | | | | | | | 介  その他 | | | | | | | | |
| 個人番号 | | | | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 対象者 | | | | | | 住所 | | | | | | | | | | 三条市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 男 女 | | | | | 電話番号 | | | | | | | | | - | | | | | | |
| 生年月日 | | | | | | | | | | 明・大・昭・平　　　 年　　　 月　　 日生（　　 　歳） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象区分 | | | | | | （１）６５歳以上の方  （２）４０歳以上６５歳未満の方  （３）その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （介護保険第１号被保険者）  （介護保険第２号被保険者） | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯の状況  ※対象者が過去２年の間に三条市へ転入してきた場合に記入すること。 | | | | | | 対象者と  の続柄 | | | | | | 氏名 | | | | | | | | | | | | | | 生年月日 | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | 備考 | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | |  | |  | |  | |  |  | |  | |  |  | |  | |  | |  |  | | | | | | |
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| 上記のとおり助成申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  |  | | 年 | | | |  | |  | | 月 | | | |  | |  | | 日 | | | |  |  |  |  | |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | 住　所 | | | | | | | | | 三条市 | | | |  | |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | 氏　名 | | | | | | | | |  |  |  |  |  | |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  |  |  |  |  |  |  |
| (宛先）三条市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※添付書類  サービス利用票（兼居宅サービス計画）の写し（ただし、作成されている場合に限る。）  （備　考）  　再申請の場合で、該当があれば次の欄に記入すること。  ・入院、入所期間  　　　　　　 年　　 月　　 日から　　　　　 年　　 月　　 日まで  ・病院、施設名    　事業所が提出する場合は、事業所名を記入すること。  　・事業所（　　　　　　　　　　　　）→高齢介護課介護保険係 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |