様式第１号(第３条関係)

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| 日常生活用具給付申請書（住宅改修費給付用） |

申請年月日　　　年 　月　 日

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| （申請者） |  | | | | | | | | | | | |
| 住所 |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | |
| 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |
| 対象者との続柄 | | | | | | | | | | | | |
| 電話 |  | | | | | | | | | | | |

　(宛先)三条市長

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| 次のとおり日常生活用具（住宅改修費）の給付申請をします。 |

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| 対象者 | 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ふりがな  氏名 |  | | | | | | | | | 個人番号 | | |  | | |  | |  | | | | |  |  | | |  | |  | | |  | |  | | |  | |  |  |
| 生年月日 | 年　　月　　日 | | | | | | | | | | 電話 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 身体障害者手帳 | | 手帳番号 | | 第　　　　号 | | | | | | | | 交付年月日 | | | | | | | | | | | 年　 月　 日 | | | | | | | | | | | | | | | | | | |
| 障がい種別 | |  | | | | | | | | | | | | | | | | | | | 障がい等級 | | | | | | | | | | | | | 級 | | | | | |
| 疾患名 | | (障害者の日常生活及び社会生活を総合的に支援するための法律施行令に規定する疾患名を記載のこと) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯状況 | 氏名 | | 続柄 | | 生年月日 | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 年　　月　　日 | | | | | | | |  | | |  | |  | | | |  | | | |  |  | |  | | |  | |  | | |  | |  | |  |
|  | |  | | 年　　月　　日 | | | | | | | |  | | |  | |  | | | |  | | | |  |  | |  | | |  | |  | | |  | |  | |  |
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| 該当する所得区分 | | 生活保護　・　低所得　・　一般　・　一定所得以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給付を希望する理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 改修を行う住宅の住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 改修工事内容 | | 区分 | | | | | | | | | | | | | 居宅生活動作補助用具 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １　手すりの取付け  ２　床段差の解消  ３　床材の変更  ４　床の取替え | | | | ５　便器の取替え  ６　その他  　（　　　　　　　） | | | | | | | | | １　便器  ２　手すり  ３　スロープ  ４　その他（　　　　　 　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 過去の日常生活用具等の給付又は貸与の状況 | | 区　分 | | | 給付形態 | | | | | 給付等年月日 | | | | | | | | | | | 給付等内容 | | | | | | | | | | | | | | | | | | | | |
| 日常生活用具 | | | 給付・貸与 | | | | | 年　月　日 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 住宅改修費 | | | 給付 | | | | | 年　月　日 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 現在の住まいの状況 | | 住居 | 1　自宅  2　貸家 | | 借家の場合  貸主許諾 | | | 1　承諾  2　否  （いつ承諾を得るか） | | | | | | | | | 浴槽 | | | 1　和式  2　洋式  3　なし | | | | | | | | | | | 便器 | | | 1　和式  2　洋式  3　携帯用 | | | | | | | |
| 現在の介護の状況 | | 入浴 | 1　他人の介助を必要  2　清拭のみ  3　入浴、清拭ともしていない  4　自分でできる | | | | 排便 | | 1　他人の介助を必要  2　便器（携帯用）使用  3　自分でできる | | | | | | | | | | | 移動 | | | | | 1　車いす使用  2　他人の介助を必要（一部・全部）  3　自分でできる | | | | | | | | | | | | | | | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |