様式第26号(第22条関係)

補装具費（購入・修理）支給申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申請日　　　　　　年　　月　　日  燕　市　長　　様  （申請者）  住　所  氏　名  下記のとおり補装具費の支給申請（購入・修理）をいたします。  補装具費の支給申請（購入・修理）決定のため、私（申請者）及び生計を同一とする者の住民登録資料、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 | ﾌ ﾘ ｶﾞ ﾅ | |  | | | | | | | | | | | | | | | | | 男・女 | | | | | | | | 生年月日 | | | | | | | S  H  R | 年　　月　　日 | |
| 氏　　名 | |  | | | | | | | | | | | | | | | | |
| 住　　所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | |  |  | |  | |  | | |  | |  | |  | |  | |  |  |  | | |  | | | 電　話 | | | | | | |  | | | |
| 同一生計者 | 氏　名 | | | | 個　人　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | 続柄 | | | | | 生年月日 |
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| 身体障害者手帳  障害名 | | | 手帳番号 | | | | | | 第　　　　　　号 | | | | | | | | | | | | | | | | | 交付年月日 | | | | | | | 年　　月　　日 | | | | |
| 障害種別 | | | | | |  | | | | | | | | | | | | | | | | | 障害等級 | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 購入・修理を  受ける補装具名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 判定予定日 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 希望する  補装具  業者 | | 名　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電　話 |  | | | | | | | | | | | | | | | | | | | | FAX | | | | | | | |  | | | | | | |
| 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |