様式第1号の2(第8条関係)

住宅改修費給付申請書

年　　月　　日

　燕市長　様

申請者(対象者が児童の場合は保護者)

住所

氏名

　次により住宅改修費の給付を申請します。

　住宅改修費の給付申請の決定のため、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、閲覧することを承諾します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 対象者 | 氏名 | | | |  | | | | | | | | | | | | | | | | | | | 男・女 | | | | | | | | | | | | 生年月日 | | | | | 年　　月 　日生(　 歳) | | | | | | |
| 個人番号 | | | |  |  |  | |  | | |  | | |  | | |  | |  | | |  | | | |  | | |  | | |  | | |
| 住所 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | |  | | | | | | |
| 身体障害者手帳番号 | | | | | | | | | | 第　　　　 号 　　　　　　年　　　月　　　日交付 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 障害等級 | | | | | 級 | | | | | | |
| 介護認定の有無 | | | | | | | | | | 有 〔　要支援（　　　） ・　要介護（　　　） 〕 ・　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機関への入院  ・施設入所の有無 | | | | | | | | | | 有 〔 退院・退所予定日（　 　年 　月　　日）〕 ・　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯の状況 | 氏名 | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 対象者  との続柄 | | | | 生年月日 | | | 職業 |
|  | | | | | | | | | |  | |  | | |  |  | |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  | | | | ・　・ | | |  |
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| 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　扉の取替え  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  給付状況 | | | | 区分 | | | | | | | | | | 給付等年月日 | | | | | | | | | | | | | | | | | | | | | | | 給付等内容 | | | | | | | | | | |
| 日常生活用具 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 住宅改修費 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 現在の住まい状況 | | | 住宅 | 1　自宅  2　借家 | | | | 貸家の場合  貸主諾否 | | | | | | | | | | | | | 1　承諾  2　否 | | | | | | | | | | | | | | 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　他人の介助が必要  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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |