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| **社会福祉法人利用者負担額対象確認申請書**  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（要支援　　　 , 要介護 １ ･ ２ ･ ３ ･ ４ ･ ５ ）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ  被保険者氏名 | |  | | | 確　　認　　番　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 被保険者番号 | | ０ | | | ０ | | ０ | | ０ | | | |  | | |  | |  | |  | |  | |  | | | 個人番号 | |  | |  | |  | |  | |  | | | |  | |  |  | |  | |  | |  | |  | | 生年月日 | | 明 ・ 大 ・ 昭　　　 年　　 月　 　 日生 | | | | | 性別 | | | | | | | | | | 男 　・　 女 | | | | | | | | | | | | | | | 被保険者住所 | | 〒  苫小牧市  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 利用サービス | | 1 居宅サービス　（訪問介護、通所介護（地域密着型含む）、短期入所生活介護、小規模多機能型居宅介護）（予防含む）  ※介護予防・日常生活支援総合事業へ移行したサービスについても軽減対象となります  2　介護福祉施設サービス　（　特別養護老人ホーム入所者へのサービス　）  3　地域密着型介護老人福祉施設入所者生活介護 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 申請理由 | | 低所得で生計が困難であるため・  生活保護受給のため（個室の居住費・滞在費のみ） | | | | | | 入所年月日 | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | |  | | 氏名 | 生年月日 | 性別 | | 保険料段階 | | | | | | | | | | | | | | 利用者負担段階 | | | | | | | | | | | | 世帯構成 | 世帯主 |  |  |  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | 世帯員 |  |  |  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  |  |  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | 苫小牧市長　様  　　　　上記のとおり社会福祉法人による利用者負担額の減額対象の申請をします。  　　　　また、この申請に関して保険者が必要とするときは、保険者が私と私の属する世帯の世帯主及び  　　　世帯員の所得状況等について調査することに同意します。  　　　　　令和　　　　年　　　　月　　　　日    住　所　　苫小牧市　　　　　　　町　　　　丁目　　　　　番　　　　　号  　申請者  電話番号    氏　名　　　　　　　　　　　　　　　　　　　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |   　　　　　※注意　：　この申請書とともに、所得状況のわかるもの等の書類を添付してもらう場合があります。  ※苫小牧市記載欄　（ｶｰﾄﾞ確認・職権記載）   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 申請種類 | | | 新規申請　・　変更申請　・　更新申請 | | | | | 判定要件 | 老齢福祉年金受給有無 | | あ　り　・　な　し | | | | | 生活保護受給有無 | | あ　り　・　な　し | | | | | 市民税課非：世帯 | | 課　税　・　非課税　・　未確定　・　未申告 | | | | | 市民税課非：本人 | | 課　税　・　非課税　・　未確定　・　未申告 | | | | | 境界層該当 | | あ　り　・　な　し | | | | | 承認の有無 | | | 1　承認する　　　　　　　　2　承認しない | | | | | 認定証交付年月日 | | | 令和　　　　年　　　　月　　　　日 | | 未交付 | □減額認定要件に該当しない | | 上記のとおり決定し、通知してよろしいか。 | | | | 【備考】 | | 受　付　印 | | 決　裁  ・　　　　・ | | 課長　　　課長補佐　　 係長　 　主査 　　係  ・　　　　　　　 ・　 　　　　・　 　・ | | | | |