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| **介護保険特定負担限度額認定申請書**  **（　特別養護老人ホームの要介護旧措置入所者に関する認定申請　）**  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（　要介護 １ ･ ２ ･ ３ ･ ４ ･ ５ ）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ  被保険者氏名 |  | 保険者番号 | 苫小牧市 | | | | | | | | | | ０ | | １ | | | ２ | | １ | | ３ | | ８ | | |  | | 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 | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | 介護保健施設所在地と名称 | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | 入所する  居室の種別 | 1　ユニット型個室　　3　従来型個室  2　ユニット型準個室　　4　多床室 | | | 入所年月日 | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | 負担限度額  申請事由 | 1　　市町村民税世帯非課税者であって、合計所得金額と課税年金収入額の合計が  　　年額80万円以下のもの等  2　　市町村民税世帯非課税者であって、1に該当する以外のもの  3　　その他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | 苫小牧市長　様  　　　　上記のとおり食費・居住費に係る特定負担限度額認定の申請をします。  　　　　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  　　　　　　　（　代筆者氏名　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | |   　　　　　※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 | | | | | | | 利用者負担段階 | | | 第　（　1　・　2　・　3　・　4　・　5　・　6　）　段階 | | | | | | | 決定区分 | | | 食　　　　費 | | 利用者負担割合 | | | 居　住　費 | | （　　　）円/日 | | （　　　　　）　/　100 | | | （　　　）円/日 | | 有効期間 | | | 令和　　　年　　　月　　　日　～　令和　　　年　　　月　　　日 | | | | | | | 認定証交付年月日 | | | 令和　　　年　　　月　　　日 | | | 未交付 | □市道民税課税世帯につき該当しない  □その他（　　　　　　　　　　　） | | | 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 | | | | | |