様式第1号-1（第5条関係）

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| 日常生活用具給付・貸与申請書  令和　　年　　月　　日  御所市社会福祉事務所長　様   |  |  |  |  | | --- | --- | --- | --- | | 申 請 者 | | | | | 住　　所 |  | | | | 氏　　名 |  | |  | | （給付対象者との続柄） | |  | | |  | | | |   下記により日常生活用具給付・貸与を申請します。  　日常生活用具の給付申請の決定のため、私の世帯の住民登録資料、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 | 氏 名 | |  | | | | | | | | | | | | | | | | | | | | | | 男・女 | | 生年月日 | | 年 月 日 | | | | | | |  |
| 個人番号 | |  | |  | |  | |  |  | |  | |  |  | |  |  | |  | |  | | |
| 住 所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 身体障害者手帳 | | | | | 第　　　　号 | | | | | | | | | | | | | | | | | | | | | 年 月 日　交付 | | | | | | | | | |
| 障害名 | |  | | | | | | | | | | | | | | | | | | | | | | | | 障害等級 | | 種　　級 | | | | | | | |
| 施設入所希望の有無 | | | | | | | | | | | | | | | 希望する　　　　　　 希望しない | | | | | | | | | | | | | | | | | | |  | |
| 世帯の状況 | 氏名 | | | | | 対象者と  の続柄 | | | | | | | 生年月日 | | | | | | | | | | 個人番号 | | | | | | | | | | 備　考 | | | |
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| 給付(貸与)を希望する理由 | | | | | | | | | | | | | 日常生活の便宜を図るため | | | | | | | | | | | | | | | | | | | | | | |  |
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| 現在の住いの状況 | | | | 住　宅 | | | | | | | １．自　宅  ２．借　家 | | | | | | | | | | | | | 浴　槽 | | | １．和　　式  ２．洋　　式  ３．な　　し | | | | 便　器 | | | １．和　　式  ２．洋　　式  ３．携 帯 用 | |  |
| (貸主の諾否) | | | | | | | |  | | | | |
| 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．自分でできている | | | | | | | | | | | | | | | | | | 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 | | | |  |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | 希望する形式規模等 | |  | | | | | | | |  |
| 給付(貸与)を受けたい用具の名称 | | | | | | | |
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| 給付(貸与)上特に希望する事項 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 備考 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（注）　※欄は、記入しないでください。

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| ※　　　※　決裁欄 | 上記のとおり交付してよろしいですか。（伺い） | | | | | |
| 決　裁　年　月　日 | 部　長 | 課　長 | 主　幹 | 係　長 | 係　員 |
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| 交　付　年　月　日 |
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【個人番号確認】１個人番号カード　２通知カード　３その他（　　　）

【本人確認】１個人番号カード　２運転免許証　３身体障害者手帳　４その他（　　　　）