様式第６号（第８条関係）　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　（受領委任用）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 土佐清水市介護保険利用者負担額助成金請求書  　　　　年　　　　月　　　　日  土佐清水市長　　様   |  |  | | --- | --- | | 申請者 | 所在地 | |  | 名　称　　　　　　　　　　　　　　　　　　　　　　印 | |  | 電話番号 |   土佐清水市介護保険利用者負担額助成事業実施要綱第８条第２項の規定により，次のとおり  別紙請求明細書を添えて請求します。   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 助成金請求額 | 円 |  | 受給年月 | 年　　　　月分 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 対象サービス名 | 対象者数 | 請求金額（５％） | 対象サービス名 | 対象者数 | 請求金額（５％） | | １．訪問介護 | 人 | 円 | 15．介護予防訪問看護 | 人 | 円 | | ２．訪問入浴介護 | 人 | 円 | 16．介護予防訪問ﾘﾊﾋﾞﾘﾃｰｼｮﾝ | 人 | 円 | | ３．訪問看護 | 人 | 円 | 17．介護予防通所ﾘﾊﾋﾞﾘﾃｰｼｮﾝ | 人 | 円 | | ４．訪問ﾘﾊﾋﾞﾘﾃｰｼｮﾝ | 人 | 円 | 18．介護予防福祉用具貸与 | 人 | 円 | | ５．通所介護 | 人 | 円 | 19．介護予防短期入所生活介護 | 人 | 円 | | ６．通所ﾘﾊﾋﾞﾘﾃｰｼｮﾝ | 人 | 円 | 20．介護予防短期入所療養介護 | 人 | 円 | | ７．福祉用具貸与 | 人 | 円 | 21．介護予防居宅療養管理指導 | 人 | 円 | | ８．短期入所生活介護 | 人 | 円 | 22．介護予防認知症対応型共同生活介護 | 人 | 円 | | ９．短期入所療養介護 | 人 | 円 | 23．介護予防小規模多機能型居宅介護 | 人 | 円 | | 10．居宅療養管理指導 | 人 | 円 | 24．介護予防認知症対応型通所介護 | 人 | 円 | | 11．認知症対応型共同生活介護 | 人 | 円 | 25．第１号訪問事業 | 人 | 円 | | 12．小規模多機能型居宅介護 | 人 | 円 | 26．第１号通所事業 | 人 | 円 | | 13．認知症対応型通所介護 | 人 | 円 | 27．介護予防生活支援員派遣事業 | 人 | 円 | | 14．介護予防訪問入浴介護 | 人 | 円 | 28．地域密着型通所介護 | 人 | 円 | | 合　　計 | 人 | 円 | 合　　計 | 人 | 円 |   土佐清水市介護保険利用者負担額助成金を下記の口座に振り込みしてください。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座振替    依 頼 欄 | 銀行 | | | | 本店 | | | 種目 | 口座番号 | | | | | | | | | 信用金庫 | | | | 支店 | | | | 信用組合 | | | | 出張所 | | | | 農業協同組合 | | | | 支所 | | | １普通預金 |  |  |  |  |  |  |  |  | | 金融機関コード | | | | 店舗コード | | | ２当座預金 |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | ３その他 |  |  |  |  |  |  |  |  | | フリガナ  口座名義人 | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |