様式第31号（第22条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 補装具費（購入・修理）支給申請書   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 申請日　　　　年　　月　　日  揖斐川町長　　様  （申請者）  住　所  氏　名  対象者との続柄  電　話  次のとおり補装具費の支給申請（購入・修理）をいたします。 | | | | | | | | | | | 対 象 者 | 住　　所 | |  | | | | | | | | フリガナ  氏　　名 | |  | | | | | | | | 生年月日 | | 年　　月　　日 | | 性別 | |  | 電　話 |  | | 身体障害者手帳  障　　害　　名 | | | 手帳番号 | 第　　号 | 交付年月日 | | | 年　　月　　日 | | | 障害種別 |  | | | | 障害等級 |  | |  | | | | | | | | 疾　　患　　名 | | | （障害者の日常生活及び社会生活を総合的に支援するための法律施行令に規定する疾患名を記載のこと） | | | | | | | | 購入・修理を受ける補装具名 | | |  | | | | | | | | 判定予定日 | | |  | | | | | | | | 希望する補装具業者 | | 名　称 |  | | | | | | | | 所在地 |  | | | | | | | | 電　話 |  | | | ＦＡＸ | |  | | | 該当する所得区分 | | | 生活保護　・　低所得　・　一般　・　一定所得以上 | | | | | | | | 世帯範囲の特例に関する設定 | | | □　次のいずれにもあてはまるため、住民票に記載された世帯ではなく、申請者のみ又は申請者及びその配偶者のみの世帯とすることを申請します。  １　税制上、同一の世帯に属する親、兄弟、子供等が障害者を扶養控除の対象としていない。  ２　健康保険制度において、同一の世帯に属する親、兄弟、子供等の被扶養者となっていない。 | | | | | | | | 生活保護への移行予防措置に関する認定 | | | □　生活保護への移行予防（定率負担減免措置）を希望します。 | | | | | | | |