第１号様式（第５条関係）

重度心身障害者医療費等受給資格認定申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 年　　月　　日  　　富津市長　様  申請者　住　所  氏　名  電　話  　次のとおり重度心身障害者医療費等助成に係る受給資格の認定について申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者 | 住所 | □申請者と同じ | | | | | | | | | | | | | | | | | | 申請者 との続柄 | | | | | | | | | □本人 | | | | | | | | | |
| 氏名 | □申請者と同じ | | | | | | | | | | 生年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | |
| 個人番号 |  |  | |  |  | | |  | |  | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | |
| 加入 医療保険 | 政府・組合・日雇  船員・共済・国保  後期 | | | | | 記号番号 | | | | |  | | | | | | | | | | | | | | | 本人・ 家族の別 | | | | | | | | 本人  家族 | | | |
| 保険者名 | | | | |  | | | | | | | | | | | | | | |
| 障害の程度 | 身体障害者手帳、療育手帳又は精神障害者保健福祉手帳 | 手帳発行年月日 | | | | | | | | | | 年　　月　　日発行 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 発行者 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 直近の判定年月日 | | | | | | | | | | 年　　月　　日判定 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手帳番号・程度 | | | | | | | | | | 第　　　　　　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基準世帯員  （対象者と同一の医療保険の被保険者等） | | 氏　　名  続柄 | | | | | | | | 続柄 | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ① | | | | | | | |  | |  |  | | |  |  | | | |  | | |  | |  | | | |  |  | | |  | |  | |  |
| ② | | | | | | | |  | |  |  | | |  |  | | | |  | | |  | |  | | | |  |  | | |  | |  | |  |
| ③ | | | | | | | |  | |  |  | | |  |  | | | |  | | |  | |  | | | |  |  | | |  | |  | |  |
| ④ | | | | | | | |  | |  |  | | |  |  | | | |  | | |  | |  | | | |  |  | | |  | |  | |  |
| 対象者と住所が  違う場合の住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者及び基準世帯員に係る市町村民税所得割課税者の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 有・無 | | | | | |
| 指定振込口座 | | 金融 機関名 | |  | | | | | | | | | | | 支店名 | | | | | | |  | | | | | | | | | | | | | | | | |
| 口座種別 | | 普通･当座 | | | | 口座番号 | | | |  | | |  | | | |  | | | | | |  | | |  | | | | |  | | | |  | |
| フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座 名義人 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 事　務　処　理　欄 | 基準税額課税状況  及び確認年月日 | | | 非課税・課税　　　　　　円　　　　　年　　　月　　　日 | | | | | | |
| １　受給資格該当により、受給券を交付する。  ２　受給資格非該当により、却下する。 | | | | | | | | | |
| 決裁欄 |  |  | |  | |  |  | 添付書類確認 | １身体障害者手帳、療育手帳又は精神障害者保健福祉手帳  ２被保険者証等  ３基準税額を証する書類  ４受給資格認定に要する個人情報等の閲覧・提供に係る同意書 |
|  |  | |  | |  |  |
| 認定年月日及び受給者番号 | | | | | 年　　　月　　　日 | | | | |