第１号様式（第５条関係）

精神障害者医療費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  　次のとおり精神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 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 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 | | 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 | 対象者が富津市に住所を有することとなった日 | | | | | | | | | 年　　　　月　　　　日 | |
| 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、認定する。  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精神障害に関する証明願  ２被保険者証等  ３基準税額を確認できる書類  ４精神障害者医療費付加給付等証明書 |
|  |  |  | |  | |  |
| 認定年月日 | | | | | | 年　　　月　　　日 | | | | |