様式第１号（第４条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 小児慢性特定疾病児童等日常生活用具給付申請書  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　　　　　　年　　月　　日  　　加　古　川　市　長　様  　　　　　　　　　　　　　　　　　　　　　　　　申請者  　　　　　　　　　　　　　　　　　　　　　　　 　　住所  　　　　　　　　　　　　　　　　　　　　　　　　 　氏名  　　　　　　　　　　　　　　　　　　　　　　　　 　個人番号  　　　　　　　　　　　　　　　　　　　　　　　　　 電話  　　　　　　　　　　　　　　　　　　　　　　　　　　　　（対象者との続柄　　　　）  　下記により、日常生活用具を申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 対　象　者 | 氏名 | |  | | | | | | | 個人番号 | |  | | | | | | 生年月日 | | 年　　　月　　日（　　歳） | | | | | | 住所 | |  | | | | | | | | | | | | | | | 疾病名 | |  | | | | | | | | | | | | | | | 症状 | |  | | | | | | | | | | | | | | | 世 帯 の 状 況 | 氏名 | | | | | 対象者  との続柄 | 生年月日 | | | | 職　　業 | | | 備　　考  （対象者に対する介護者の状況） | | | |  | | | | |  |  | | | |  | | |  | | | |  | | | | |  |  | | | |  | | |  | | | |  | | | | |  |  | | | |  | | |  | | | |  | | | | |  |  | | | |  | | |  | | | |  | | | | |  |  | | | |  | | |  | | | | 給付を受けたい用具の名称 | | | | |  | | | | 希望する型式・規模等 | | | |  | | | | | 給付を希望する理由 | | | | |  | | | | | | | | | | | | | 現在の住まいの状況 | | 住宅 | | １　自　宅  ２　借　家  　　（貸主の諾否） | | | | 浴槽 | | １　和　式  ２　洋　式  ３　な　し | | | | | 便器 | １　和　式  ２　洋　式  ３　携帯用 | | 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　自分でできる | | | | 排便 | | １　他人の介助が必要  ２　便器（携帯用）使用  ３　自分でできる | | | | | 移動 | １ 車いす使用  ２ 他人の介助が必要  （一部・全部）  ３ 自分でできる | | 用具の給付にあたって  特に希望する事項 | | | | | |  | | | | | | | | | | | | 備考 | | | | | |  | | | | | | | | | | | |

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| 同意書  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　年　　　　月　　　　日  　加古川市長様  　１　申請者同意事項  　　　私は、小児慢性特定疾病児童等日常生活用具の給付申請における下記の事項について、同意します。  　　①　市が私の住民基本台帳情報を調査すること。  　　②　市が私の税務情報を調査すること。  　　③　市が私の生活保護受給情報を調査すること。  　　　　　　　　　　申請者　氏名  　２　世帯員の同意事項（申請者は除く。）  　　　小児慢性特定疾病児童等日常生活用具の給付申請における下記の事項について同意します。  　　①　市が私の住民基本台帳情報を調査すること。  　　②　市が私の税務情報を調査すること。  　　③　市が私の生活保護受給情報を調査すること。     |  |  | | --- | --- | | 申請者からみた続柄 | 氏　　名 | |  |  | |  |  | |  |  | |  |  | |  |  |  * 世帯員の方々が同意される場合には、署名をしてください。   ※「世帯員」とは民法に定める配偶者のほか、親子、兄弟姉妹、３親等内の親族で、現に同一世帯で生計を一にしている者をいう。 |