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| （特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費）支給申請書  【　　　　年　　月分】  身延町長　様  年　　　月　　　日  下記のとおり、関係書類を添えて（特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費）の支給を申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | フリガナ |  | | | 障害福祉サービス受給者証番号 | | | | | | | | | | | | 申請者氏名 | 個人番号 | | |  |  |  |  |  |  |  |  | |  |  | | 地域相談支援受給者証番号 | | | | | | | | | | | | 申請者  生年月日 | 年　　月　　日 | | |  |  |  |  |  |  |  |  | |  |  | | 住所 |  | | | | | | | | | | | | | | | フリガナ |  | 生年  月日 | 年　　月　　日 | | | | | | | | | 続柄 | | | | 支給決定に係る  障害児氏名 | 個人番号 |  | | | | 特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費請求額 | | | 円 | | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | | 申請書提出者 | □申請者本人　　□申請者本人以外（下の欄に記入） | | | | フリガナ |  | 申請者  との関係 |  | | 氏名 |  | | 住所 | 〒  電話番号 | | |   上記に関する（特例介護給付費　特例訓練等給付費　特例特定障害者特別給付費　特例地域相談支援給付費）を下記の口座に振り込んで下さい。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 口座振込依頼欄 | 銀行  信用金庫  信用組合  農協 | | | | 本店  支店  支所  出張所 | | | 種目 | | １　普通　２　当座　３　その他 | | | | | | | 口座番号 | | | | | | | | | 金融機関コード | | | | 店舗コード | | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | | ﾌﾘｶﾞﾅ | | | |  | | | | | | | | | | | | 口座名義人 | | | |  | | | | | | | | | | |   （注意）この申請書に該当月分の領収証及びサービス提供証明書を添付してください。  市町村記入欄   |  |  |  | | --- | --- | --- | | 領収書確認欄 | サービス提供  証明書確認欄 | 備　　考 | |  |  |  | |