様式第１号（第５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  久喜市長　　　様  　　　　　　　　　　　　　　　　申請者　　住所  　　　　　　　　　　　　　　　（保護者）　氏名  　　　　　　　　　　　　　　　　　　　　　対象者との続柄（　　　　　　　　）  　　　　　　　　　　　　　　　　　　　　　電話番号  　次のとおり日常生活用具の給付を申請します。  　日常生活用具給付に関する審査のため、私の世帯の住民登録情報、税務資料等について関係機関に調査、照会及び閲覧することを承諾します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 対象者 | 氏名 | | |  | | | | | | 生年月日 | | | |  | | | | | | | 住所 | | |  | | | | | | | | | | | | | | | | | 疾病名 | | |  | | | | | | | | | | | | | | | | | 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の状況等) | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | | |  | | | |  | |  | | |  | | | |  | | | | | | | 給付を希望する理由 | | | | |  | | | | | | | | | | | | | | | | 現在の住まいの状況 | | | | | 住宅 | １　持家  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他人の介助を必要  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他人の介助を必要  ２便器（携帯用）使用  ３自分でできる | | | | | | 移動 | １車椅子使用  ２他人の介助を必要（一部、全部）  ３自分でできる | | | | | 給付を受けたい  用具の名称 | | | | |  | | | | | | | | 希望する型式、規模等 | | | | |  | | | 購入を希望する業者 | | | | |  | | | | | | | | | | | | | | | | 備考 | | | | |  | | | | | | | | | | | | | | | |

注）１　この申請書には、対象者の保護者の前年分所得税の課税額を証明する書類（生活保護を受けている人及び中国残留邦人等の円滑な帰国の促進並びに永住帰国した中国残留邦人等及び特定配偶者の自立の支援に関する法律による支援給付を受けている人の場合はその旨についての福祉事務所長の証明書）を添付すること。

　　２　申請者氏名については、自署又は記名押印をすること。