様式第13号（第14条関係）

高額障害児通所給付費支給申請書

貝塚市長　　様

　　 次のとおり関係書類を添えて高額障害児通所給付費の支給を申請します。

　　　年　　月　　日

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| フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | ①障害者総合支援法　②児童福祉法　③介護保険法 | | | | | | | | | | | | | | | | | | | | | | |
| 申請者氏名  （給付決定保護者） | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 制　度 | | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  | | |  | |  | | |  | |  | | |  | |  |  | |  |  |  |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  |
| 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  |
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| 居住地 | | | 〒　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | |
| 給付決定に係る児童氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  | | |  | |  | | |  | |  | | |  | |  |  | |  |  |  | 続　　柄 |  | | | | | | | | | | | | | | | | | | | | | |
| サービス利用月の世帯における対象費用の支払合計額 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 申請に係るサービス利用月 | | | | | | | | | 年　　月分 | | | | | | | | | | | | |
| サービス利用月の申請者の対象費用の支払合計額 | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 同一世帯に属する他の給付決定障害児 | 氏　　　　名 | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | ①障害者総合支援法　　②児童福祉法　③介護保険法 | | | | | | | | | | | | | | | | | | | | | | |
| 制　度 | | 受給者証番号・被保険者証番号 | | | | | | | | | | | | | | | | | | | | |
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| 個人番号 |  | |  |  | |  |  | |  | |  |  | |  | |  |  | |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |
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| 個人番号 |  | |  |  | |  |  | |  | |  |  | |  | |  |  | |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |
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| 個人番号 |  | |  |  | |  |  | |  | |  |  | |  | |  |  | |  |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |

（注１）支払額を証する領収書を添付してください。

（注２）申請者と同一世帯の他の給付決定障害児等全員分の申請書を併せて提出してください。

高額障害児通所給付費を下記の口座に振り込んでください。

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| 口 座 振 替  依　頼　書 | 銀行  信用金庫  信用組合 | | | | 本店  支店  出張所 | | | 種目 | 口座番号 | | | | | | |
| １普通預金  ２当座預金  ９その他 |  |  |  |  |  |  |  |
| 金融機関コード | | | | 店舗コード | | |
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| ﾌﾘｶﾞﾅ | | | |  | | | | | | | | | | |
| 口座名義人 | | | |  | | | | | | | | | | |

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| 申請書提出者 | □申請者本人　　□申請者本人以外（下の欄に記入） | | |
| 氏　　名 |  | 申請者  との関係 |  |
| 住　　所 | 〒  電話番号 | | |