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| 日常生活用具　　　　　申請書  給付  貸与  　　年　　月　　日  早島町長　　殿  住所　都窪郡早島町  申請者  氏名  （給付対象者との続柄）  給付  貸与  下記により日常生活用具の　　　　　　　を申請します。  この申請につき、私の世帯の住民登録資料、税務状況その他について、各関係機関に調査、照会、閲覧することを承諾します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 対象者 | 氏　名 |  | | | | | | | | 男・女 | | | 生年  月日 | | 昭和　　　　年　　　月　　日生  平成　　　　　　　（　　　歳） | | | | | | | 住　所 | 都窪郡早島町  ℡　　　（　　　） | | | | | | | | | | | | | | | | | | | | 手帳番号 | | | 第　　　　号（　　　）障害 | | | | | | | | | | 年　　月　　日交付 | | | | | | | | 障 害 名 |  | | | | | | | | | | | | | | 障害等級 | | | | 級 | | 特定疾患名 | |  | | | | | | | | | | | | | | | | | | | 施設入所希望の有無 | | | | | | 有　　　　　　無 | | | | | | | | | | | | | | | 世帯の状況 | 氏名 | | | | | | 本人と  の続柄 | 生年月日 | | | | 町民税の課税状況 | | | | | 備考　対象者に対する  介護の状況等 | | | | |  | | | | | |  |  | | | | 非・課（　　　　　） | | | | |  | | | | |  | | | | | |  |  | | | | 非・課（　　　　　） | | | | |  | | | | |  | | | | | |  |  | | | | 非・課（　　　　　） | | | | |  | | | | |  | | | | | |  |  | | | | 非・課（　　　　　） | | | | |  | | | | |  | | | | | |  |  | | | | 非・課（　　　　　） | | | | |  | | | | |  | | | | | |  |  | | | | 非・課（　　　　　） | | | | |  | | | | | 給付（貸与）を希望する理由 | | | | | | | | |  | | | | | | | | | | | | | 給付（貸与）を受け  たい用具の名称 | | | | |  | | | | | | | | | | 希望する型式、規模等 | | | |  | | | ※　世帯の所得が、町民税非課税世帯の場合は、　　　年の申請者の年間収入について、下記に申告してください。年金（障害年金、遺族年金等）、特別児童扶養手当等については、収入額がわかるものの写しを添付してください。本人が１８歳未満のときは、保護者の収入となります。 | | | | | | | | | | | | | | | | | | | | | | 年金の種類 | | | | | | 年間収入額 | | | | | | | | | | | | | | | | 本人氏名  （　　　　　　　　） | | | | | 本人が１８歳未満のとき | | | | | | | | | | | 保護者氏名  （　　　　　　　　） | | | | | | | 保護者氏名  （　　　　　　　　） | | | | 障害年金 | | | | | | 円 | | | | | 円 | | | | | | | 円 | | | | その他（　　　　　　） | | | | | | 円 | | | | | 円 | | | | | | | 円 | | | |