**高額通所給付費支給申請書**

（様式第１２号）

（あて先）高槻市長

　　 次のとおり関係書類を添えて高額通所給付費の支給を申請します。

申請年月日　令和　　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  （給付決定保護者等氏名） | |  | | | | | | | | | | | | | | | | | | | | | | | | | 制度 | | 受給者証番号・被保険者証番号 | | | | | | | | | | |
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| 個人番号 | |  |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |
| 生年月日 | | 大正平成　昭和令和　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  | |  |  |  |  |  |  |
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| 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | 続　　柄 |  | | | | | | | | | | | |
| 給付決定に  係る児童氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | 平成令和　　年　　月　　日 | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 支給決定障がい者等  同一世帯に属する他の | 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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（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支給決定障がい者等全員分の申請書を併せて提出してください。

高額通所給付費を下記の口座に振り込んで下さい。

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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） | | |
| フリガナ |  | 申請者  との関係 |  |
| 氏　　名 |  |
| 住　　所 | 〒  電話番号 | | |

　　　なお、高額通所給付費額を決定するため、本人及び世帯員の介護保険資料、障害福祉サービス等給付費に係る資料を高槻市長が閲覧することに同意します。

　氏名