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| 小牧市家族介護用品支給事業利用申請書  　　　　　　　　　　　　　　　　　　　　　　年　　月　　日  　（宛先）小牧市長  　　　　　　　　　　　　　　申請者　住　所  　　　　　　　　　　　　　　　　　　氏　名  　　　　　　　　　　　　　　　　　　電　話  　次のとおり、小牧市家族介護用品支給事業実施要綱に基づく事業を利用したいので、申請します。   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 要  介  護  者 | | 氏　　名 |  | | | 性　別 | | 男・女 | | 住　　所 |  | | | | | | | 生年月日 | 明・大・昭　年　月　日 | | | 年　齢 | | 歳 | | 被保険者番号 |  | | 要介護状態区分 | | |  | | 認定年月日 | 年　　月　　日 | | | | | | | 認定の  有効期間 | 年　　月　　日から  年　　月　　日 | | | | | | | 同  居  家  族 | 氏　　　　名 | | | 続　柄 | | | 年齢 | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |   ※この事業利用の可否を審査するため、同居家族全員の市民税課税状況等を担当者が確認することに同意します。  　　　　　　　　　　　（署名） |