様式第１（第６条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 小牧市行方不明高齢者家族支援サービス事業助成金交付申請書  年　　月　　日  （宛先）小牧市長  小牧市行方不明高齢者家族支援サービス事業助成金の交付を受けたいので次のとおり申請します。   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 申請者 | ふりがな | |  | | | 性別 | | 男・女 | | 氏名 | |  | | | | 住所 | |  | | | 続柄 | |  | | 電話番号 | |  | | 検索対象者 | ふりがな | |  | | | 性別 | | 男・女 | | 氏名 | |  | | | | 住所 | |  | | | | | | | 生年月日 | | 年　　月　　日 | | 装着している医用  電気機器の有無 | | 有（　　　　　　）・無 | | | 介護保険関係 | 要介護状態区分 | | 無　・　要支援（　　　　）　・　要介護（　　　　） | | | | | | 被保険者番号 | |  | | | | | | 居宅介護支援事業所 | |  | | | | | | 行方不明等の状況 | | |  | | | | | | 検索対象者の世帯状況 | 氏名 | | | | 生年月日 | | 対象者との続柄 | | |  | | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | | |  | | | |  | |  | |   注）申込書等の写し、仕様がわかる書類の写し、初期費用の支払を証明する書類の写しを添付すること。 |

備考　用紙の大きさは、日本産業規格Ａ４とする。