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| （後期高齢者以外・後期高齢者（65歳以上）） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 整理番号 | | | | |  | | |
| 重度心身障害者医療費助成金受給資格者登録申請書  年　　月　　日  　姶良市長　　　　　　殿  申　請　者　住所  （）氏名  　下記のとおり、重度心身障害者医療費受給資格者の認定を申請します。  　また、資格者証登録申請又は助成額の決定に関し、対象者、保護者及び被保険者の課税資料を閲覧することに同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者 | | | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | 男・女 | | | | | | | | 生年月日 | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  | |  | | | |  | |  | |  | | |  | |  | | | |  | |  | | | |  | | | | | |  | | |  | | | | | | | | | |
| 身障者手帳番号 | | | 県  第号 | | | | | | | 障害の程度 | | | | | | |  | | | | | | 手帳交付年月日 | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | |
| 知能指数 | | |  | | | | | | 療育手帳番号 | | | | | | | | 県  第号 | | | | | | 障害の程度 | | | | | |  | | | | | | | | | | | | | | 次期判定年月 | | | 年 月 | | | |
| 保護者 | | | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | | | 対象者との続柄 | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 個人番号 | | |  | | |  | |  | | | |  | |  | |  | | |  | |  | | | |  | |  | | |  | | | | | | |  | | |  | | | | | | | | | |
| 対象者に係る医　療保険 | | | 保険の種類 | | | 健保（協会・日雇・組合）・船保・国公・私学・国保（若人・退職）・後期高齢・地公 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者証 | | | 記号 | | | | | | | | | | | | | | | | | | | | | | | | | | 番号 | | | | | | | | | | | | | | | | 第号 | | | | |
| 被保険者  氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 対象者との続柄 | | | | | | | | | | | | | | | |  | | | | |
| 個人番号 | | | |  | | |  | |  | | | |  | |  | | |  | |  | |  | | | |  | |  | | | | |  | | | | |  | | |  | | | | | | | | |
| 保　険　者名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 付加給付 | | | | | | | | | | | | | | | | 有・無 | | | | |
| 保　険　者所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 受給資格者証 | | | 記　　　　　　　　　　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 番号 | | | | | | | | | | ・　・ |
|  | 身(身体障害者)知(知的障害者)重(重複障害者) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第号 | | | | | | | | | |  |
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| おいて記入  ※この欄は市に | | 該当・非該当の別 | | | 該　当　・　非該当 | | | 受　付年月日 | | | | | | 年　月　日 | | | | | | | | | | | | | 決　　　裁　　　欄 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 課長 | | | | | | | | 課長  補佐 | | | | | | | | | | | | 係長 | | | | 係 | |
| 決　裁年月日 | | | | | | 年　月　日 | | | | | | | | | | | | |
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