様式第2号（第3条第2項関係）

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| 粕屋町日常生活用具給付事業調査書 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | | | | | 年 月 日 | | | | 申請者  氏名 | | | | |  | | | | | | | | 対象者との続柄 | | |  | |
| 対象者 | 氏名 | | | |  | | | | | | | | 男 ・ 女 | | | 生年月日 | | | | | 年　月　日　　　（　　歳） | | | | | | |
| 住所 | | | | 糟屋郡粕屋町 | | | | | | | | | | | | | | | | | | | | | | |
| 手帳番号 | | | | 号 | | | 障害の種別 | | | |  | | | | | | | | | | 障害等級 | | の　　　　　　　級 | | | |
| 世帯員の状況 | 氏名 | | | | | | | 対象者との続柄 | | 課税状況 | | | | | | | | | | | | | | | 備考 | | |
| 市町村民税均等割 | | | | | | | | | 市町村民税所得割 | | | | | |
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| 非課税世帯 | 氏名 | | | | | | 所得 | | | | | | 障害年金 | | | | | | 手当 | | | | 合計 | | | |
|  | | | | | | 円 | | | | | | 円 | | | | | | 円 | | | | 円 | | | |
| 世帯区分 | | | | 1．生活保護　　　　2．低所得1　　　　3．低所得2　　　　4．一般　　　　5．一定額以上 | | | | | | | | | | | | | | | | | | | | | | | |
| 給付する用具  （型 式） | | | |  | | | | | 給付する  （しない）理由 | | | | | | | |  | | | | | | | | | | |
| 基準額 | | | | | | | 見積額 | | | | | | | 利用者負担額 | | | | | | | | 公費負担額 | | | | | |
| 円 | | | | | | | 円 | | | | | | | 円 | | | | | | | | 円 | | | | | |
| 月額負担上限額 | | | | | | | | | | | | | |
| 円 | | | | | | | | | | | | | |
| その他  特記事項 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり確認しました  　　　　　年　　月　　日 | | | | | | | | | | | 調査者 | | | | | | |  | | | | | | | | |  |