様式第１号(第５条関係)

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| こども医療費助成受給資格認定申請書  　　　宜野湾市長　殿  令和　　年　　月　　日  住　所  助成対象者  氏　名　　　　　　　　　　（父・母・　　　）  TEL：  　次のとおり、申請します。また、こども医療費助成期間中において、宜野湾市こども医療費助成に関する条例第４条に基づく助成に必要な地方税関係情報を、こども医療費助成担当課が個人番号による照会で確認することに同意します。  記入不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 個人 | | 対象こども | | フリガナ |  | | | | | | | | | | 個人番号 | | |  |  | |  |  | | |  |  | |  |  |  | |  |  | |  |  |
| 氏名 | | | | | | | | | | | 住所 | | | | | | | | | | | | | | | | | | | | |
|  | | 生年月日 | | | | | | 性 | | |  | |
| 個人 | | 助成対象者 | | フリガナ |  | | | | | | | | | | 住所 | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | |
|  | |
| 個人 | | 助成対象者 | | フリガナ |  | | | | | | | | | | 住所  記入不要 | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | |
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| 個人 | | 被保険者 | | 氏名 | | | | | | | | | | | 個人番号 | | |  |  | |  |  | | |  |  | |  |  |  | |  |  | |  |
| 住所 | | | | | | | | | | | | | | | | | | | | |
|  | | 対象こどもとの続柄 | | | | |  | | | | | |
| 対象こどもの  加入医療保険 | | | | 保険種別 | |  | | | | 記号番号 | | | | | 記入不要 | | | | | | | | | | | | | | | | | | | | |
| 保険者名 | | 記入不要 | | | | | | | | | | | | | | | | | | | | | 附加給付の有無 | | | | | | |  | |
| 住所 | | **記入不要** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所得状況 | | | | 被保険者の所得状況  記入不要 | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| 扶養親族等の合計数  (扶養親族数) | | | | 人  (特　　　　　老　　　　　) | | | | | | | | 人  (特　　　　　老　　　　　) | | | | | | | | | | | 人  (特　　　　　老　　　　　) | | | | | | | | | | | | |
| 控除額の合計 | | | | 円 | | | | | | | | 円 | | | | | | | | | | | 円 | | | | | | | | | | | | |
| 控除後の所得 | | | | 円 | | | | | | | | 円 | | | | | | | | | | | 円 | | | | | | | | | | | | |
| 手帳情報 | 身体障害者手帳 | | |  | | | | 第　　　　　　　　　　　　号 | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |
| 療育手帳 | | |  | | | | 第　　　　　　　　　　　　号 | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |
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|  | 口座情報 | 金融機関名 | | |  | | | | | | | | | | | | 本店支店名 | | | |  | | | | | | | | | | | | | | | |  |
| 口座番号 | | |  | | | | | | | |  | | | | 口座名義人 | | | |  | | | | | | | | | | | | | | | |
| 記入不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 受給資格者証番号 | | | | ＊＊受給資格者番号 | | | | | | | | | | 交付年月日 | | | | | | ＊＊交付年月日 | | | | | | | | | | | | | | | |  |
| 受給資格有効期間 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 決裁欄 | | | | 所長 | | | | 課長 | | | | 係長 | | | | | | 係 | | | | | | |  | | | | | | |  | | | | | |
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