別記様式第１号の１（第２条、第８条関係)

福祉医療費受給者証交付申請書（兼）受給資格者台帳（こども）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給資格者  (こども) | | | | | 氏  名 | | ふりがな | | | | | | | | | | | | | | | | | 個人番号 | | | | |  |  | | |  |  | |  |  |  |  |  |  |  |  |
| 受給資格者番号 | | | 県費 | | | | | ― | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | | 市費 | | | | | ― | | | | | | | | | | | |
| こどもの生計維持者 | | | | | 氏  名 | |  | | | | | | | | | 続柄 | |  | | | | | 住所 | |  | | | | | | | | | | | | | | | | | | |
| 加入医療保険 | 被保険者名  (受給者) | | | | | |  | | | | | | | | | 続柄 | |  | | | | | 住所 | |  | | | | | | | | | | | | | | | | | | |
| 保険種別 | | １　協会  ２　組合  ３　船員  ４　共済  ５　国保 | | | | | 被保険者証別 | 退職  日雇特別 | | | 家族 | | 保険者名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 保険者所在地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
| 指定支払金融機関 | | | | 金融機関名 | | | | | | | | | 店番 | | | | | | | 口座番号 | | | | | | | | | | | 口座名義（カナ表記） | | | | | | | | | | | | |  |  |  |  |
| 銀行・農協  信用金庫 | | | | | | | | |  | |  | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| 支店 | | | | | | | | | 普通・当座 | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| 上記のとおり福祉医療費受給者証の交付を申請します。  　　　　年　　　月　　　日  申請者  住所  氏名  電話　(　　　―　　　―　　　　)  　　可児市長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附加給付 | | | | | | 無　　有 | | | | | 保険給付率 | | | 入院 | | | | | 割 | | | | | | | | | 外来 | | | | | | | 割 | | | | | | | | |
| 受給者証の状況 | | 県費（出生から就学前まで） | | | | | | | | | | | | | | | | | | | | 市費（就学後から義務教育修了まで） | | | | | | | | | | | | | | | | | | | | | |
| 交付 | | | | | ・　　　　・ | | | | | | | | | | | | | | | 交付 | | | | ・　　　　・ | | | | | | | | | | | | | | | | | |
| 有効期間 | | | | | ・　　　　・　　　　から | | | | | | | | | | | | | | | 有効期間 | | | | ・　　　　・　　　　から | | | | | | | | | | | | | | | | | |
| ・　　　　・　　　　まで | | | | | | | | | | | | | | | ・　　　　・　　　　まで | | | | | | | | | | | | | | | | | |
| 再交付 | | | | | ・　　　　・ | | | | | | | | | | | | | | | 交付 | | | | ・　　　　・ | | | | | | | | | | | | | | | | | |
| 消滅(回収) | | | | | ・　　　　・ | | | | | | | | | | | | | | | 有効期間 | | | | ・　　　　・　　　　から | | | | | | | | | | | | | | | | | |
| 転入日 | | | | | | | ・　　　　・ | | | | | | | | | | | | | | | ・　　　　・　　　　まで | | | | | | | | | | | | | | | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | 再交付 | | | | ・　　　　・ | | | | | | | | | | | | | | | | | |
| 消滅(回収) | | | | ・　　　　・ | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |

　注)　太枠内は、市記入欄