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| 事業者確認欄 |  |

**※太枠内を記入してください。**

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| **居宅サービス計画作成依頼（変更）届出書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 区分 | | | | | | | | 新規・変更 | | | | | | | | |  |
|  | 被　保　険　者　番　号 | | | | | | | | | | | | | | | 個　人　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | |  |  | |  |  | |  |  | |  |  |  |  | | | |  | |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |
|  | 被　保　険　者　氏　名 | | | | | | | | | | | | | | | | | | 生　年　月　日 | | | | | | | | | | | | | | | | 性　別 | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | | | | | | 明・大・昭  年　　月　　日 | | | | | | | | | | | | | | | | 男　・　女 | | | | | | | | | | |
| 居宅サービス計画の作成を依頼する事業所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | 所在地 | | | | | 〒　　　　－ | | | | | | | | | | | | | | | | | | | | |
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| サービス開始（予定）日 | | | | | | | | | 令和　 年　 月 　日 | | | | | | | | | | 電話番号（　　　　）　　－ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所を変更する場合の事由等 | | | | | | | | | | | | ※事業所を変更する場合のみ記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更年月日  （令和　　年　　月　　日付） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 砺波地方介護保険組合　理事長　宛  　上記の居宅介護支援事業所に居宅サービス計画の作成を依頼することを届出します。  　令和　　年　　月　　日  　　被保険者　住所　富山県  　　　　　　　氏名　　　　　　　　　　　　　　電話番号（　　　　）　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者確認欄 | | | | | | □被保険者資格　□届出の重複  □居宅介護支援事業者事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| （注意） | | | | １　この届出書は、要介護認定の申請時に、もしくは居宅サービス計画の作成を依頼する事業所が決まり次第速やかに市町村の介護保険担当課へ提出してください。  ２　居宅サービス計画の作成を依頼する事業所を変更するときは、変更年月日を記入のうえ、必ず市町村の  　介護保険担当課に届出してください。届出のない場合、サービスに係る費用を一旦、全額自己負担して  　いただくことがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |