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| 居宅サービス計画作成依頼（変更）届出書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 新規・変更 | | | | | | | | | |
| 被保険者氏名 | | | | | | | | | | | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | | | | | ０ | | | ０ | | | ０ | | | | ０ | | | ０ | | | | ０ | | |  | | |  | | |  | |  | |
| 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日 | | | | | | | | | | | | | | | | | | | | 性　別 | | | | | | | | | |
| 明・大・昭 　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | 男　・　女 | | | | | | | | | |
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| サービス提供開始日 | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅サービス計画の作成を依頼（変更）する事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者の事業所名 | | | | | | | |  | | | | | | | 事業所の所在地 | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | 電話番号　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所番号 |  |  |  |  |  | |  | |  |  | |  | |  |
| 要支援１・２の方の介護予防支援を委託する居宅介護支援事業者  （居宅介護支援事業者が介護予防支援を委託する場合のみ併せて記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅介護支援事業所名 | | | | | | | |  | | | | | | | 居宅介護支援事業所の所在地 | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | |
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| 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下さい | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 西原村長　様  上記居宅介護支援事業者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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名　　　　　　　　　　　　　　　　電話番号　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | □被保険者資格　　　　□届出の重複 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者確認欄 | | | | | | □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、若しくは、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西原村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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 西原村に届け出してください。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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |