第17号様式(第18条関係)

居宅(介護予防)サービス計画作成依頼(変更)届出書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 新規・変更・終了 | | | | | | | | | | | | | | |
| 被保険者氏名 | | | | | | | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  | | |  | | |  | | | |  | |  | | |  | | |  | | |  | | |  | | |  |
| 生年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅(介護予防)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)　　　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅介護支援事業所番号 | | | | | | | | | | | | | サービス開始（変更）年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  | |  |  |  | |  |  | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所を変更する場合の理由等 | | | | | | | | | | ※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  (　　　　年　　月　　日付) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (宛先)出水市長  　上記の居宅介護支援事業者等に居宅(介護予防)サービス計画の作成を依頼することを届け出ます。  　　　　　　年　　月　　日  被保険者　住所  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等事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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　注意1　この届出書は、要介護認定の申請時に、又は居宅(介護予防)サービス計画の作成を依頼する事業所が決まり次第、速やかに市へ提出してください。

　　　2　居宅(介護予防)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上、必ず市に届け出てください。届出のない場合、サービスに係る費用をいったん、全額自己負担していただくことがあります。