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| **介護保険　居宅介護（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 | | | | | | | | | | | | | | | | | | | | | |
| 被 　保 　険　 者　 氏 　名 | | | | | | | | | | 被　 保　 険　 者　 番　 号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | |
| 個　　　　人　　　　番　　　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | 性　　別 | | | | | | | | | | | | | | | | | | | | | |
| 明・大・昭 | | | | | | | | | | | | | | | | | | | | 男　　　　　　　　　女 | | | | | | | | | | | | | | | | | | | | | |
| 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | |
| 居宅介護（介護予防）サービス計画の作成を依頼する事業者等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅介護（介護予防）支援事業者等の名称 | | | | | | | 居宅介護（介護予防）支援事業者等の事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 居宅介護（介護予防）支援事業者等の所在地 | | | | | | | 電話番号　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〒 | | | | | | |
| 変更する場合の事由等 | | | | | | | ※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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 小規模多機能型居宅介護(介護予防）サービス利用開始月における居宅サービス等の利用の　有無 | | | | | ※小規模多機能型居宅介護（介護予防）サービスの利用前の居宅（介護予防）サービス（居宅療養管理指導及び特定施設入居者生活介護を除く。）及び地域密着型介護（介  護予防）サービス（夜間対応型訪問介護、認知症対応型通所介護及び認知症対応型共  同生活介護（短期利用型）に限る。）の利用の有無を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| □居宅サービス等の利用あり | | | | |
| （利用したサービス：　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □居宅サービス等の利用なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 羅臼町長　　　　　　　　　　　　 様 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の居宅介護（介護予防）支援事業者等に居宅介護（介護予防）サービス計画の作成を依  頼することを届出します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 年　　　　月　　　　日 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 住 所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | | |  |  | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | （　　　） | | | | | | | | | | | | | | | | | |
|  | | | 氏 名 | ㊞ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 保険者確認欄 | | | |  | 被保険者資格 | | |  | | | | | | | 届出の重複 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 居宅介護（介護予防）支援事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 小規模多機能型居宅介護（介護予防）事業者の事業者番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (注意) | | １　この届出書は、要介護認定・要支援認定を申請するとき又は居宅介護（介護予防）サービス計画の作成を依頼する居宅介護（介護予防）支援事業者等が決まり次第、速やかに羅臼町へ提出してください｡  ２　居宅介護(介護予防）サービス計画の作成を依頼する居宅介護（介護予防)支援事業者等を変更するときは変更する場合の事由及び変更年月日を記入の上、必ず羅臼町へ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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |