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| **(介護予防)小規模多機能型居宅サービス計画作成依頼（変更）届出書**  **※太枠内を記入して下さい。**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 区　分 | | | | 適用開始（変更）年月日 | | | | | | | | | 被　保　険　者　番　号 | | | | | | | | | | | | | | | | | | | | | | 新規・変更 | | | | 年　　　月　　　日 | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | | | 被　保　険　者　氏　名 | | | | | | | | | | | | | 個　人　番　号 | | | | | | | | | | | | | | | | | | | | | | フリガナ | | | | | | | | | | | | |  |  | |  | |  | |  | |  |  |  | |  | | |  | |  | |  | |  | | | | | | | | | | | | | 生　年　月　日 | | | | | | | | | | | | | | | 性　別 | | | | | | | 明・大・昭　　　年　　　月　　　日 | | | | | | | | | | | | | | | 男 ・ 女 | | | | | | | 居宅（介護予防）サービス計画作成等を依頼（変更）する事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 事業所名及び事業所番号 | | | | | | |  | | | | | | 事業所の所在地 | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  | |  |  |  |  | | 電話番号　　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | 事業所を変更する場合の理由等 | | | | | | | | | | | | | ※変更する場合のみ記入してください。 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | (介護予防)小規模多機能型居宅介護・複合型サービスの利用開始月における居宅サービス等の利用の有無 | | | | | | | | | | | | * 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 | | | | | | | | | | | | | | | | | | | | | | | 沖縄県介護保険広域連合長　殿  　　上記の（介護予防）小規模多機能型居宅介護・複合型サービス事業者に居宅（介護予防）サービス計画の作成又は介護予防ケアマネジメントを依頼することを届け出します。  　　　　　　　　年　　　月　　　日  　　　　　　　　　住　所  　　申請者　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  （本人又は家族）　氏　名　　　　　　　　　　　　　　　　　　　　被保険者との続柄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保険者確認欄 | | | | | □　被保険者資格　　□　届出の重複　　□　居宅支援事業者事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 居宅(介護予防)サービス計画の作成等を依頼する居宅（介護予防）支援事業者が居宅（介護予防）支援の提供にあたり、被保険者の状況を把握する必要がある時は、要介護認定・要支援認定に係る調査内容、介護認定審査会による判定結果・意見及び主治医意見書を当該居宅介護支援事業者に必要な範囲で提示することに同意します。  　　　　　　年　　　月　　　日　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |   （注）１　この届出書は、要支援・要介護認定の申請時、若しくは居宅（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  次第速やかに市町村へ提出して下さい。  　　　 2　居宅サービス計画書の作成を依頼する事業所を変更するときは、変更年年月日を記入のうえ、必ず市町村に届出て下さい。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。 |

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| 担当者確認 | 市町村 | | 広域連合 | 備　　　考 |
| 申請内容確認 | 電算入力処理 | 申請内容確認 |  |
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市町村・広域連合記入欄