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|  | 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 | | | | | | | | | | | | | | | |
|  | 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　　　　　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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所番号 | | | | | | | | | | | | サービス開始（変更）年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 鯖江市長　様  上記の居宅介護支援事業者・介護予防支援事業者に居宅(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  　住所  被保険者  氏　名　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (注意)　１　この届出書は、要介護・要支援認定の申請時に、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鯖江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、必ず鯖江市へ届け出てください。届出のない場合、サービスに係る費用を一旦、全額自己負担していただくことがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者確認欄 | | | | □被保険者資格　□届出の重複  □事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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