様式第１３号(第１９条関係)

**居宅サービス計画作成依頼（変更）届出書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅サービス計画の作成を依頼（変更）する居宅介護支援事業所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅支援事業所名 | | | | | | | | | | | | | | | 居宅介護支援事業所の所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  |  |  | |  |  | |  | 新規・変更・終了 | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | |
| 居宅介護支援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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 肝付町長　　様  上記の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け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | | | | | | | | | | 住所 | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （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する事業所が決まり次第，速やかに肝付町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上，必ず肝付町に届け出てください。届出のない場合，サービスに係わる費用を一旦，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 | | | | | | | | | | | | | | | | | | | | | | |
| □ | | 居宅介護支援事業者事業所番号 | | | | | | | | | | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | |