様式第１３号(第１９条関係)

**介護予防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 | | | | | | | | | | | | | | | | 区分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | 新規　・　変更　・　終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日 | | | | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　　月　　　　日 | | | | | | | | | | | | | | | |  |  | | |  | | | |  | | |  | | |  | | | |  | |  | | |  | | |  | | |  | | |  | |
| **介護予防サービス計画の作成を依頼（変更）する介護予防支援事業者** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護予防支援事業所名 | | | | | | | | | | | | | | | | 介護予防介護支援事業所の所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 電話番号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 介護予防介護支援事業所番号 | | | | | | | | | | | | | | | | サービス開始（変更・終了）年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | |  | |  |  | |  |  | |  |  | 開始・変更・終了 | | | | | | | | | | | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | |
| 介護予防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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| **介護予防支援を受託する居宅介護支援事業者**  **※居宅介護支援事業者が介護予防支援を受託する場合のみ記入してください** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅介護支援事業所名 | | | | | | | | | | | | | | | | 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・終了）年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | 開始・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  上記の介護予防介護支援事業者に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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （注意） | | | | １　この届出書は，要介護認定の申請時に，若しくは介護予防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　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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ | | 介護予防介護支援事業者事業所番号 | | | | | | | | | | | |  | | | |  | | |  | |  | | | | |  | |  | | |  | | |  | | |  | |  | | | |