様式第9号(第21条関係)

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| 居宅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 | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| (介護予防)小規模多機能型居宅介護又は看護小規模多機能居宅介護の利用開始月における居宅サービスの利用の有無 | | | | | | | | | (介護予防)小規模多機能型居宅介護又は看護小規模多機能居宅介護の利用前の居宅サービス((介護予防)居宅療養管理指導及び(介護予防)特定施設入居者生活介護(短期利用型以外)を除く。)及び地域密着型サービス(定期巡回・随時対応型訪問介護看護、夜間対応型訪問介護、(介護予防)認知症対応型通所介護、(介護予防)認知症対応型共同生活介護(短期利用型)及び地域密着型特定施設入居者生活介護(短期利用型)に限る。)の利用の有無を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □居宅サービスの利用あり　(利用したサービス：　　　　　　　　)  □居宅サービスの利用なし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 四国中央市長　様  　上記の居宅介護支援事業者、(介護予防)小規模多機能型居宅介護事業者又は看護小規模多機能居宅介護事業者に居宅サービス計画の作成を依頼することを届出します。  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | | | | | | | | | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者確認欄 | | | | | □被保険者の資格　　□届出の重複　　□居宅介護支援事業所番号  □小規模多機能型居宅介護事業者事業所等番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 居宅サービス計画の作成を依頼し、又は変更する事業者が居宅サービス計画の作成等を行うに当たり、被保険者の状況を把握する必要があるときは、要介護認定又は要支援認定に係る調査内容、介護認定審査会による判定の結果及び意見並びに主治医意見書を当該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依頼する事業所が決まり次第、速やかに四国中央市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、必ず四国中央市に届け出てください。届出のない場合、サービスに係る費用をいったん、全額自己負担していただくことがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |