様式第9号(第8条、第9条、第10条、第11条、第12条、第13条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険　住所地特例施設　入所・退所　連絡票  年　　月　　日  　　上三川町長　様  (介護保険施設住所)  (　〃　　　名称)  (　〃　代表者名) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 次の者が下記の施設 | | | | | | | に入所  ・  を退所 | | | | しましたので、連絡します。 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 入所・退所年月日 | | | | | 年　　月　　日 | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | |  | |  |  |  |  | |  |  |  |  | |  |  | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | |  |  | | | | | | | | |  |
| 氏名 |  | | | | | | | | | | | | | | | | 生年月日 | | | | 年　月　日 | | | | |  |
| 性別 | | | | 男　・　女 | | | | |
| 入所前住所 | 〒 | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所後住所  ＊1 | 〒 | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所理由 | 1　他の介護保険施設入所　　　2　死亡　　　3　その他 | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊1　死亡退所の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者名 | | |  | | | | | | | | | | | | 保険者番号 | | | |  |  |  | |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 施設 | 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 電話番号 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | 〒 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |