様式第１号(第５条関係)

介護保険短期入所連続利用等申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 年　　　　月　　　　日  榛東村長　様  (申請代行の指定居宅介護支援事業者)  居宅介護支援事業所名：  担当の介護支援専門員：   |  |  |  | | --- | --- | --- | | 次のとおり、 | 短期入所30日超過連続利用  認定有効期間の半数超過利用 | の承認について申請します。 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被　保　険　者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  | | | フリガナ |  | | | | | | | | 男  女 | 生年月日 | | 明治・大正・昭和  年　　月　　日 | | 氏名 |  | | | | | | | | | 住所 | 榛東村 | | | | | | | | | | | | | 認定有効期間 | 年　　　月　　　日　 ～　　　　　　年　　　月　　　日 | | | | | | | | | | | | | 要介護状態 |  | | | | | | | | | | | | | 連続利用等が特に  必要である理由 | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | 検討しているサービス | | １．施設入所待機中  ２．その他 | | | | | | | | | | | | | 添付書類 | | ・居宅サービス計画書の写し  ・サービス担当者会議の記録の写し　　等 | | | | | | | | | | | |   備考  １.短期入所サービスは、あらかじめ期間を定めて利用するものであり、認定有効期間のおおむね半数を超えないことが目安とされ、介護報酬では30日を連続算定日数の上限としています（連続30日を超えた利用は、全額利用者負担となります）。  ２. この理由書は、短期入所サービス連続利用等が見込まれる時、事前に保険者へ提出してください。  ３.「連続利用等が特に必要である理由」については、できる限り詳しく記入してください。 |