介護保険　住所地特例施設　入所・退所　連絡票

　　年　　月　　日

　　　　榛　東　村　長　様

　次の者が下記の施設に(入所・退所)しましたので、連絡します。

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| 入所・退所年月日 | 年　　　月　　　日 |  |

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| 被保険者 | 被保険者番号 | |  | |  |  |  |  | |  |  |  |  |  | 個人番号 | | |  |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |
| 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※ | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所理由 | 1　他介護保険施設入所　　2　死亡　　3　その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所中  世帯状況 | □被保険者は世帯主 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □被保険者は世帯主以外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 世帯主氏名 | | | | |  | | | | | | | | 性別 | | | | | 男　・　女 | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | | 年　月　日 | | | | | | | | 個人番号 | | | | |  | |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  |
| 被保険者の続柄 | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

※死亡退所の場合は記載不要

|  |  |  |
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| 施　設 | 名称 |  |
| 電話番号 |  |
| 所在地 | 〒 |