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| 居宅（介護予防）サービス計画作成依頼（変更）届出書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | 区　分 | | | | | | | | | | | 新規・変更 | | | | | | | | | | | 被　保　険　者　名 | | | | | | | | 被　保　険　者　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | フリガナ | | | | | | | |  | |  | |  | | |  | | | |  | | |  | | | |  | | |  | |  | |  | | |  | | | | | | | | | 個　人　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | |  | | | |  | |  | |  | |  | | | |  | |  | |  | |  | | 生　年　月　日 | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 明･大･昭　　年 　月 　日 | | | | | | | | | | | | | | | | | | | | | | | 男・女 | | | | | 居宅サービス計画の作成を依頼（変更）する居宅介護支援事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 居宅介護支援事業所名 | |  | | | 居宅介護支援事業所の所在地 | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | |  | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 変更年月日  （令和　　　　年　　　月　　　日付） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 小規模多機能型居宅介護の利用開始月における居宅サービス等の利用の有無  ※小規模多機能型居宅介護の利用前の居宅サービス（居宅療養管理指導及び特定施設入所者生活介護を除く。）及び地域密着型サービス（夜間対応型訪問介護、認知症対応型通所介護及び認知症対応型共同生活介護（短期利用型）に限る。）の利用の有無を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □　居宅サービス等の利用なし  □　居宅サービス等の利用あり（利用したサービス：　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 笠間市長 様  上記の小規模多機能型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け出します。  令和　　年 月 日  住　所  被保険者  　　　　電話番号　　　（　　　）  氏　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保険者確認欄 | □ 被保険者資格 □ 届出の重複  □小規模多機能型居宅介護事業者事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  |  | | |  | | |  | | |  | | | | |  | |  | | | |  | | | |  | | | |      |  | | --- | | 居宅（介護予防）サービス計画の作成を依頼（変更）する居宅介護支援事業所が居宅介護支援の提供にあたり、被保険者の状況を把握する必要がある時は、要介護認定・要支援認定に係る調査内容、介護認定審査会による判定結果・意見及び主治医意見書を当該小規模多機能型居宅介護事業者に必要な範囲で提示することに同意します。  令和　　年　　月　　日　　氏名 |   （注意） 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居宅介護支援事業所が決まり次第速やかに笠間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居宅介護支援事業所を変更するときは、変更年月日を記入の　　うえ、必ず笠間市に届け出てください。届け出のない場合、サービスに係る費用を一旦、全額自己負担していただくことがあります。 |

**委　　任　　状**

　　　　　　代理人住所

　　　　　　　　　氏名

　私は、介護保険法に基づく居宅サービス計画作成依頼（変更）届出書のため、上記の者を代理人と定め次の権限を委任します。

1. 介護保険の居宅サービス計画作成依頼（変更）届出書に関すること。

令和　　年　　月　　日

　　　委任者住所

**委任者住所・氏名の欄は**

**記入、押印してください**

　　　　　　　　　　　　　　　　氏名　　　　　　　　　印

　笠間市長　様