|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **介護保険住所地特例施設　入所・退所　連絡票**  令和　　　年　　　月　　　日  　　八千代町長　　　　様  介護保険施設 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 明・大・昭　　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 | 〒 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |