第６号様式（第９条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険住所地特例施設入所・退所連絡票  令和　　年　　月　　日    　匝瑳市長　あて  介護保険施設名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 下記の者が施設 | | | | | に入所  ・  を退所 | | | | | | | | | しましたので、連絡します。 | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 入所・退所年月日 | | | | | | 年　　月　　日 | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | 被　保　険　者 | 被保険者番号 | | | |  | |  | |  |  |  |  | |  |  | |  |  |  | | | | | | | | | | | |
| フリガナ | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| 被保険者氏名 | | | |  | | | | | | | | | | | | | | | 生年月日 | | 年　　月　　日 | | | | | | |  |
| 性別 | | 男・女 | | | | | | |
| 入所前住所 | | | | 郵便番号 | | | | | | | | | | | | | | | | | | | | | | | |
| 退所後住所  ＊注 | | | | 郵便番号 | | | | | | | | | | | | | | | | | | | | | | | |
| 退所理由 | | | | １　他の介護保険施設入所　　　２　死亡  ３　その他 | | | | | | | | | | | | | | | | | | | | | | | |
| ＊注　死亡退所の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者名 | | |  | | | | | | | | | | | | | 保険者番号 | | | | |  | |  |  |  |  |  |  | |
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|  | 施設 | | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| 電　　話 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | 郵便番号 | | | | | | | | | | | | | | | | | | | | |