介護保険　住所地特例施設　入所・退所　連絡票

年　　月　　日

　　　　　　　　　様

介護保険施設名

　　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 | | | | | | | | | | |  | | | | | | | | | | | | |
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| 被　保　険　者被保険者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | 個人番号 | |  |  |  |  |  |  |  |  |  |  |  |  | |
| 氏名 |  | | | | | | | | | | 生年月日 | | 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

|  |  |  |  |  |  |  |  |  |  |  |
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| 保険者名 | |  | | 保険者番号 |  |  |  |  |  |  |
|  | | | | | | | | | | |
| 施　　　　設 | 名称 | |  | | | | | | | |
| 電話番号 | |  | | | | | | | |
| 所在地 | | **〒** | | | | | | | |