**居宅サービス計画作成依頼（変更）届出書**

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|  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | 新規　・　変更 | | | | | | | | | | |
| 被保険者氏名 | | | | | | | | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | |  | |  | |  | | |  | |  | | |  | | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日 | | | | | | | | | | | | | | | | | | | | | | |
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| 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番号 | | | | | | | | | | | | | サービス開始（変更）年月日 | | | | | | | | | | | | | | | | | | | | | | | |
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| 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。 | | | | | | | | | | | | | | | | | | | | | | | |
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| 福岡県介護保険広域連合長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上の居宅介護支援事業者に居宅サービス計画の作成を依頼することを届出します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 〒  住　所 | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| 被保険者 | | | |  | | | | | | | | | | | | | | 電話番号 | | | | | | |  | | | | | | | | | | | |
|  | | | | 氏　名 | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
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　（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福岡県介護保険広域連合又は構成市町村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上、

必ず福岡県介護保険広域連合又は構成市町村へ届け出てください。

届出のない場合、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。

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| 保険者確認欄 | * 被保険者資格 | * 届出の重複 | | | | | | | | | | | |
| * 居宅介護支援事業者事業所番号 | | | | | | | | | | | | |
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