**介護保険　住所地特例　適用･変更･終了　届**

矢巾町長　　　　　　　　　　　様

　　次のとおり住所地特例(適用･変更･終了)について届出ます｡

※　上記（適用・変更・終了）より該当するものに○をつける

在宅→施設：適用　　施設→施設：変更　　施設→在宅：終了

|  |  |  |  |
| --- | --- | --- | --- |
|  | | 届出年月日 | 令和　　　年　　　 月　　 日 |
| 届出人氏名 |  | 本人との関係 |  |
| 届出人住所 | 〒　　　　－ |  | |
| 電話番号（　　　　　　） | |

※　届出者が被保険者本人の場合、届出者住所・電話番号は記載不要

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被  保  険  者 | 被保険者番号 | | | | | | | |  | |  | |  | |  | |  | |  | | |  | |  | |  | | |  | | |  | |
| 個　人　番　号 | | | | | | | |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  | | | |  |  | | | | |
| フリガナ | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | 大・昭  年　　　月　　　日 | |
| 性　　　別 | | | 男　・　女 | |
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| 世帯主 | 氏名 | | |  | | | | | | | | | | | | | | | | 世帯主との  続　　柄 | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | 生年月日 | | | 大・昭  　年　　　 月　　　日 |
| 性　　　別 | | | 男　・　女 |
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| 異動前情報 | | 従前の住所 | | | 〒　　　　－ | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| ※　異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施  設 | 名　称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所年月日 | | | | | 令和　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 異動後情報 | | 現　住　所 | | | | 〒　　　　－ | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| ※　異動後居住地が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施　設 | 名　称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所年月日 | | | | 令和　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |