**介護保険住所地特例施設　入所・退所　連絡票**

**令和　　年　　月　　日**

**矢巾町長　高橋　昌造　様**

**施設名**

**施設長**

**下記の者が（　入所　　・　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** |
| **入所前住所** | **〒** | | | | | | | | | | | | | | | | | | | | | |
| **退所後住所**  **＊死亡の場合は記載不要** | **〒** | | | | | | | | | | | | | | | | | | | | | |
| **退所理由** | **１　他の介護保険施設入所　２　死亡　　３　その他（　　　　　　　　　）** | | | | | | | | | | | | | | | | | | | | | |

**※矢巾町以外が保険者の場合は以下の記入もお願いします。**

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| **保険者名** |  | **保険者番号** |  |  |  |  |  |  |