第16号様式

介護保険　住所地特例対象施設入所（居）・退所（居）連絡票

年　　月　　日

鎌ケ谷市長　　　　様

住所地特例対象施設

次の者が下記の施設　　しましたので、連絡します。

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| 入所(居)・退所(居)年月日 | | | 年　　月　　日 | | | | | | | | | | | |  | | | | | | | |
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| 被　　保　　険　　者 | 被保険者番号 | |  |  |  |  |  |  |  |  | |  |  |  | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | 生年月日 | | | 年　月　日 | | | | | | |
| 性別 | | | 男　・　女 | | | | | | |
| 入所(居)前住所 | 〒 | | | | | | | | | | | | | | | | | | | | | |
| 退所(居)後住所  ＊１ | 〒 | | | | | | | | | | | | | | | | | | | | | |
| 退所(居)理由 | １　他の住所地特例対象施設入所（居）　２　死亡　３　その他 | | | | | | | | | | | | | | | | | | | | | |
| ＊１　死亡退所（居）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 |  | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 |  | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | 〒 | | | | | | | | | | | | | | | | | | | | | |