様式第1号(第3条関係)

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| 介護保険　住所地特例　適用・変更・終了　届  　美馬市長　　　　様  　次のとおり住所地特例(適用・変更・終了)について届け出ます。  　　　　　　※　上記(適用・変更・終了)より該当するものに丸を付ける。  　　　　　　　　在宅→施設：適用　施設→施設：変更　施設→在宅：終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 届出年月日 | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | | | | |  |  |  | |  |  | |  |  |  |  |  |  | 個　人　番　号 | | | | | | | | | | | | | | |  |
| フリガナ | | | | |  | | | | | | | | | | | | | |  |  |  |  |  | | |  | |  |  |  |  |  |  |
| 氏名 | | | | |  | | | | | | | | | | | | | | 生年月日 | | | | | 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 | | | | | 年　月　日 | | | | | | | | | |  |
| 性別 | | | | | 男・女 | | | | | | | | | |
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|  | 異動前情報 | 従前の住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ※異動前住所が施設の場合は、以下も記入のこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所(居)年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 異動後情報 | 現住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ※異動後住所が施設の場合は、以下も記入のこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設 | 名称 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所(居)年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
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