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| **介護保険　住所地特例　適用・変更・終了　届**  (あて先)  **旭　川　市　長**  　　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）のうち該当するものに○印をつける  　　　　　　　　　{ 適用：在宅→介護保険施設　　変更：介護保険施設→介護保険施設　　終了：介護保険施設→在宅 }   |  |  |  |  | | --- | --- | --- | --- | |  | | 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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  | 個　　人　　番　　号 | | | | | | | | | | | | | フリガナ |  | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | 氏　　 名 |  | | | | | | | | | | 生年月日 | | | | 明・大・昭　　 年 　　月 　　日 | | | | | | | | | 性別 | | | | 男　　 ・　 　女 | | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 世帯主 | 氏名 |  | 世帯主との続柄 |  | | |  | 生年月日 | 大・昭・平　　 年 　　月 　　日 | | 性別 | 男　 　・　 　女 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 異動前情報 | 従前の住所 | | 〒  　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | ※異動前住所が介護保険施設の場合、以下も記入のこと | | | | | 施設 | 名称 | | いずれかに○印（介護老人福祉施設・介護老人保健施設・介護療養型医療施設・その他施設） | | 退所年月日 | | 平成 ・ 令和　　　　年　　　月　　　日 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 異動後情報 | 現住所 | | 〒  　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | ※異動後居住地が介護保険施設の場合、以下も記入のこと | | | | | 施設 | 名称 | | いずれかに○印（介護老人福祉施設・介護老人保健施設・介護療養型医療施設・その他施設） | | 入所年月日 | | 平成 ・ 令和　　　　年　　　月　　　日 | |