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| 介護予防サービス計画作成依頼（変更）届出書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 区　　分 | | | | | | | | | | | | | | | 新規 ・ 変更 | | | | | | | | | | | | | | | 被　保　険　者　氏　名 | | | | | | | | | | | | | | 被　保　険　者　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | フリガナ | | | | | | | | | | | | | |  | | |  | | |  | | | | |  | | |  | | |  | | | | | |  | | |  | | |  | | |  | | | |  | | | | | | | | | | | | | | 個　人　番　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | 生年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 明・大・昭　　　年　 　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防サービス計画の作成を依頼（変更）する介護予防支援事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防支援事業所名 | | | | | | | |  | | | | | 介護予防事業所の所在地 | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 電話番号　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防支援事業所番号 | | | | | | | | | | | | | サービス開始（変更）年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  | | |  |  |  |  | 令和　　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防支援を受託する居宅介護支援事業者  ※居宅介護支援事業者が介護予防支援を受託する場合のみ記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 居宅介護支援事業所名 | | | | | | |  | | | | | | 居宅介護支援事業所の所在地 | | | | | | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 電話番号　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 居宅介護支援事業所を変更する場合の理由等 | | | | | | | | | | | | | ※変更する場合のみ記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 市川市長  　　上記の介護予防支援事業者に介護予防サービス計画の作成を依頼することを届け出ます。  　　令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者 | | | | 住所  氏名 | | | | | | | | | | | | | | | | | | 電話番号　　　(　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保険者  確認欄 | | | | * 被保険者資格　□　届出の重複 * 介護予防支援事業者事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | | |  | | |  | | |  | | |  | |   （注意）１　この届出書は、要支援認定の申請時に、若しくは、介護予防サービス計画の作成を依頼する事業所  が決まり次第速やかに市川市へ提出してください。  　　　　　　　２　介護予防サービス費の作成を依頼する介護予防支援事業所を決定した年月日を記入してください。  ３　介護予防サービス計画の作成を依頼する介護予防支援事業所を変更するときは、変更年月日を記入  のうえ、必ず市川市へ届け出てください。届け出のない場合、サービスに係る費用を一旦、全額自己  負担していただくことがあります。 |