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| 介護予防サービス計画作成・介護予防ケアマネジメント依頼（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 | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | | | | 明・大・昭　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | 介護予防サービス計画の作成依頼（変更）する介護予防支援事業者  介護予防ケアマネジメントを依頼（変更）する地域包括支援センター | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防支援事業所名 | | |  | 介護予防支援事業所の所在地 | | | | | | | | | | | | | | | | 〒３１３－００４１ | | | | | | | | | | | | | | | | 常陸太田市地域包括支援センター | | | | 常陸太田市稲木町３３（総合福祉会館内）  電話番号　　（７２－８８８１） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防支援又は介護予防ケアマネジメント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又は介護予防ケアマネジメント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　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護予防支援事業所若しくは地域包括支援センター又は居宅介護支援事業所を変更する場合の事由等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※変更する場合のみ記入してください。  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　変更年月日  〈令和　　　年　　　月　　　日付〉 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 常陸太田市長　様  上記の介護予防支援事業者に介護予防サービスの計画の作成又は介護予防ケアマネジメントを依頼することを届け出します。  令和　　　年　　　月　　　日  　　　　　　　　　住　　所　　　常陸太田市  　　被保険者  　　　　　　　　　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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | |  | | |  | | |  | | |  | |  | |  | | |  | | |  |  |  | | --- | | 介護予防サービス計画又は介護予防ケアマネジメントを依頼（変更）する介護予防支援事業者が介護予防支援又は介護予防ケアマネジメントの提供にあたり，被保険者の状況を把握する必要がある時は，要介護認定・要支援認定に係る調査内容，介護認定審査会による判定結果・意見及び主治医意見書を当該介護予防支援事業者に必要な範囲で提示することに同意します。  令和　　　年　　　月　　　日　　　氏名 |   （注意）1　この届出書は，介護予防サービス計画の作成又は介護予防ケアマネジメントを依頼する事業所が決まり次第速やかに常陸太田市へ提出してください。  　　　　　2　介護予防サービス計画の作成又は介護予防ケアマネジメントを依頼する介護予防支援事業所又は介護予防支援若しくは介護予防ケアマネジメントを受託する居宅介護支援事業所を変更するときは，変更年月日を記入のうえ，必ず常陸太田市に届け出てください。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。 |