第１号様式（第２条関係）

（伊佐市経由）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険  要介護認定　・　要支援認定  申請書  要介護更新認定・要支援更新認定  姶良・伊佐地区介護保険組合  管理者　中重　真一　殿   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 次のとおり申請します。 | | | | | | | | | | | | | 申請年月日 | | | | 平成　　年　　月　　日 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被　　保　　険　　者 | 被保険者番号 |  |  |  |  | |  |  |  |  |  |  | | 個人番号 | | | |  |  | |  |  |  |  |  |  |  |  |  |  | | | フリガナ |  | | | | | | | | | | | | 生年月日 | | | | 明・大・昭　　年　　月　　日 | | | | | | | | | | | | | | | 氏　　名 |  | | | | | | | | | | | | | 性　　別 | | | | 男　　・　　女 | | | | | | | | | | | | | | | 住　　所 | 〒 | | | | | | | | | | | | | 公民会 | | | | |  | | | | | | | | | | | | | 電話番号 | | | | |  | | | | | | | | | | | | | 前回の要介護認定の結果等 | ※要介護・要支援更新認定の場合のみ記入 | | | | 要介護状態区分　１　２　３　４　５　　　要支援状態区分　１　２ | | | | | | | | | | | | | | | | | | | | | | | | | | | 有効期限　　　平成　　年　　月　　日　から　平成　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | ※14日以内に他自治体から転入した者のみ記入 | | | | 転出元自治体（市町村）名　[　　　　　　　　　　　　]  現在、転出元自治体に要介護・要支援認定を申請中ですか。  （既に認定結果通知を受け取っている場合は「いいえ」を選択してください）　はい　・　いいえ  「はい」の場合、申請日　平成　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | 過去６月間の介護保険施設・医療機関等への入院、入所の有無 | 介護保険施設の名称等・所在地 | | | | | | | | | | | | | | 期間　　年　月　日～　年　月　日 | | | | | | | | | | | | | | | | | 介護保険施設の名称等・所在地 | | | | | | | | | | | | | | 期間　　年　月　日～　年　月　日 | | | | | | | | | | | | | | | | | 医療機関等の名称等・所在地 | | | | | | | | | | | | | | 期間　　年　月　日～　年　月　日 | | | | | | | | | | | | | | | | | 有　・　無 | 医療機関等の名称等・所在地 | | | | | | | | | | | | | | 期間　　年　月　日～　年　月　日 | | | | | | | | | | | | | | | |   ※代行申請の場合は申請者氏名・本人との関係は記載する必要はありません。   |  |  |  |  | | --- | --- | --- | --- | | 申請者氏名 |  | 本人との関係 |  | | 提出代行者  名　称 | 該当に○（地域包括支援センター・居宅介護支援事業者・指定介護老人福祉施設・介護老人保健施設・指定介護療養型医療施設  ・地域密着型介護老人福祉施設・介護医療院）  印 | | | | 住　　所 | ※申請者が本人の場合、記載の必要はありません。  〒  電話番号 | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 主治医 | 主治医の氏名 |  | 医療機関名 |  | | 所　在　地 | 〒  電話番号 | | |   ２号被保険者（40歳から64歳の医療保険加入者）のみ記入   |  |  |  |  | | --- | --- | --- | --- | | 医療保険者名 |  | 医療保険被保険者証記号番号 |  | | 特定疾病名 |  | | | | | | | | | | | |
| 訪問調査の際に同席できる家族等 | 氏　名 | （関　係） | | | 連絡先 | |  | |
| 介護サービス計画の作成等介護保険事業の適正な運営のために必要があるときは、要介護認定・要支援認定にかかる調査内容、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地域包括支援センター、居宅介護支援事業者、居宅サービス事業者、介護保険施設の関係人、主治医意見書を記載した医師又は認定調査に従事した調査員に提示することに同意します。  本人氏名 | | | | | | | | |
| この欄は、市町が記入します。  （サービス希望）　　　　　　　　　（結果送付先） | | | 市・町名 | 年　度 | | 受付番号 | | 備考 |
| 伊　佐 | ３０ | |  | |  |