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| 介護保険住所地特例施設　入所（居）・退所（居）連絡票  年　　月　　日  守口市長　様  施設名  に入所（居）  次の者が下記の施設　　　・　　　　　しましたので連絡します。  を退所（居）   |  |  | | --- | --- | | 入所・退所年月日 | 年　　月　　日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被　保　険　者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  | | | フリガナ |  | | | | | | | | | | | 氏名 |  | | | | | | | | | | 生年月日 | 明・大・昭　　年　月　日 | | 性別 | 男　・　女 | | 入所前住所 | 〒 | | | | | | | | | | | | | 退所理由  ※１ | １．他の介護保険施設入所（　　　　　　　　）　２．死亡　　３．入院  ４．その他（　　　　　　　　　　　　　　） | | | | | | | | | | | | | 退所後住所  ※２ | 〒 | | | | | | | | | | | |   ※１　他の介護施設入所よる場合は、退所後の施設等名称も記載してください。  ※２　死亡退所の場合は記載不要。   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 保険者名 |  | 保険者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 施  設 | 事業所番号 |  |  |  |  |  |  |  |  |  |  |  | | 名称 |  | | | | | | | | | | | | | 電話番号 |  | | | | | | | | | | | | | 所在地 | 〒 | | | | | | | | | | | | |