様式第2号(第4条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **介護保険　住所地特例　適用・変更・終了　届**  阿久比町長　殿  次のとおり住所地特例（適用・変更・終了）について届け出ます。  \*　上記（適用・変更・終了）の該当するものに丸をつける  　 在宅→施設：適用　施設→施設：変更　施設→在宅：終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | 申請年月日 | | | | | | 年　　月　　日 | | | | | | | | |  |
|  | 届出人氏名 | | |  | | | | | | | | | | | | | | | | | | 本人との関係  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 | | | | | |  |  |  |  |  |  |  | |  |  |  | |  | | | | | | | | | | | | | | | | | |
| フ リ ガ ナ | | | | |  | | | | | | | | | | | | | | 個人番号 | |  |  |  | |  | |  |  |  |  |  |  |  |  |  |
| 氏　　名 | | | | |  | | | | | | | | | | | | | | 生 年 月 日 | | | | | 年　　月　　日 | | | | | | | | | | |  |
| 性　　別 | | | | | 男　　・　　女 | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 世  帯  主 | 氏　名 | | |  | | | | | | | | | | 被保険者 との続柄 | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | 生 年 月 日 | | | | | | | 年　　月　　日 | | | | | | | | | | |  |
| 性　　別 | | | | | | | 男　　・　　女 | | | | | | | | | | |
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|  | 異  動  前  情  報 | 従 前 の  住　所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施  設 | 名　称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所年月日 | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 異  動  後  情  報 | 現 住 所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| \*異動後住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施  設 | 名　称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所年月日 | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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