様式第5号(第8条関係)

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| 介護保険住所地特例対象施設　入所(居)・退所(居)　連絡票  年　　月　　日  　(宛先)　飯能市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 次の者が下記の施設 | | | | に入所(居)  　　・  を退所(居) | | | | | | | | しましたので、連絡します。 | | | | | | | | | | | | | | | |
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|  | 入所(居)・退所(居)年月日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | |  | | | | | |
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|  | 被保険者 | 被保険者番号 | | |  |  |  | |  |  |  | |  |  |  | |  |  | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | |  | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | 生年月日 | 年　月　日 | | | | | | |  |
| 入所(居)前住所 |  | | | | | | | | | | | | | | | | | | | | | | | |
| ＊1  退所(居)後住所 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 退所(居)理由 | 1　他の住所地特例対象施設入所(居)　2　死亡　3　その他 | | | | | | | | | | | | | | | | | | | | | | | |
| ＊1　死亡退所(居)の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者名 | |  | | | | | | | | | | | | | 保険者番号 | | | |  |  | |  |  |  |  |  |
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|  | 施設 | 名称 |  | | | | | | | | | | | | | | | | | | | | | | | |  |
| 所在地 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | |
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