様式第７号（第１０条関係）

介護保険　要介護・要支援認定申請書

宇土市長　　様

　次のとおり申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申請年月日　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | 申請区分　新規・区変・更新 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者（認定を受ける人） | 介護保険  被保険者  番号 | | |  | |  | | |  |  | | |  | | | |  | |  |  | |  | | |  | 個人番号 | | | | | |  | | | |  | |  | | |  | | | |  |  | | | |  |  | |  |  | |  |  | |
| 医療保険 | | | 保険者名 | | | | | | | | |  | | | | | | | | | | | | | | | | 保険者番号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 被保険者証 | | | | | | | | | 記号 | | | | | | | |  | | | | | | | | 番号 | | | | | | | |  | | | | | | | | | | | | 枝番 | | | | | |  | | | |
| フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 生年月日(和暦) | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | |
| 被保険者  氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | | | | 男　　　・　　　　女 | | | | | | | | | | | | | | | | | | | | | |
| 電話 | | | | | | | | （　　　）　　　　－ | | | | | | | | | | | | | | | | | | | | | |
| 被保険者  住所 | | | | | 〒８６９－  　宇土市　　　　　　　町　　　　　　　　　　　　　　行政区（　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※１４日以内に転入した方 | | | | | 転出元自治体（市町村）名 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要介護・要支援認定の申請 | | | | | | | | | | | | | | | | | | 有　・　無 | | | | | | | 申請日 | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | |
| 現在（前回）の  要介護認定区分等 | | | | | | | 要介護　１・２・３・４・５　　　要支援　１・２  認定の有効期間　　　　年　　月　　日 から　　　　年　　月　　日まで | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更申請の理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 過去６月間の介護保険施設、医療機関等への入所又は入院について | | | | | | | 有  ・  無 | | | 名称 | | | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 期間　　　年　月　日～　年　月　日・入所（入院）中 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 期間　　　年　月　日～　年　月　日・入所（入院）中 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認定調査の日程調整に関する連絡先 | | | | | | | フリガナ  氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者との関係 | | | | | | | |  | | | | | | |
| 電話番号 | | | | | | | |  | | | | | | | | | | | | | | メールアドレス | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 主治医 | 主治医の有無 | | 有・無 | | | | （フルネーム・フリガナ）  主治医の氏名 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 医療機関  診療科名 | | | | | | | |  | | | | | | | | | | |
| 所在地 | | | | | | | | | | 〒　　　　　　　　　　　　　電話番号（　　　　）　　　－  　　　　　　　 市　　　　　　町 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 提出代行者 | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 種別 | | | | | |  | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | 〒　　　　　　　　　　　　　電話番号（　　　　）　　　－  　　　　　　　 市　　　　　　町 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ※第２号被保険者（４０歳から６４歳までの医療保険加入者）のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特定疾病名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護サービス計画の作成等介護保険事業の適切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、宇土市から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若しくは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　　　　　　　　　　　　　　　　代筆者氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 使者 | |  | | | | | | | | | |  | | 処理 | | | | 受付 | | | | | | | | | | 被保険者証  回収 | | | | | | 入力 | | | | | | | | 調査日 | | | | | | | | | 意見書提出催促 | | | | | | | |
| 続柄： | | | | | | | | | |  | | | | | | | | | | 済・未 | | | | | | 住基  NTT | | | | | | | | ／  （　　）  ９：３０  １０：３０ | | | | | | | | | ／ ／ ／ | | | | | | | |
| ※連絡事項等 | | | | | | | | | | | |