様式第14号の２（第19条関係）（その１）

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| 介護予防サービス計画作成依頼（変更）届出書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兼介護予防サービス計画作成委託(変更）届出書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 新規　・　変更 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護予防サービス計画の作成を依頼（変更）する事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者の事業所名 | | | | | |  | | | | | | | | | | |  | |  | | | |  | | | 事業所の所在地 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所番号 |  | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | | |  | 電話番号　　　 　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 事業所を変更する場合の事由等 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | サービス開始（変更）年月日 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | （　　　　　　年　　　　月　　　　日付） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| （宛先）三条市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の介護予防支援事業者に介護予防サービス計画の作成を依頼することを届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　所  　　　　氏　名　　　　　　　　　　　　　　　　　　　　　　　　電話番号　　　　　　　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者確認欄 | | | | | |  | | | □　被保険者資格 | | | | | | | | | | | | | |  | | | □　届出の重複 | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | |
|  | | | □　介護予防支援事業者事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  |  | | | | |  | |  | | |  | | |  | | | | |  | | | |  |
| 介護予防サービス計画の作成を委託（変更）する居宅介護支援事業所　※委託する場合のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅介護支援事業所名 | | | | | | | | |  | | | | | | | | | | | | | |  | | | 居宅介護支援事業所の所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 事業所番号 |  | |  | |  | | |  | | |  | | |  | |  | |  | | | |  | | |  | 電話番号　 　（　　　　） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | |
| 委託事業所を変更する場合の事由等 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | サービス開始（変更）年月日 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | （　　　　　　年　　　　月　　　　日付） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| （宛先）三条市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の居宅介護支援事業所に介護予防サービス計画の作成を委託することを届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | |  | | | | | | |  | | | | | | |  | | |  | | | | | |
| 介護予防支援事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 介護予防サービス計画の作成を依頼（変更）する介護予防支援事業者が介護予防支援の提供に当たり、被保険者の状況を把握する必要があるときは、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当該介護予防支援事業者に必要な範囲で提示することに同意します。  　　年　　月　　日　氏名 |

（注意）　１　この届出書は、要支援認定の申請時に、又は介護予防サービス計画の作成を依頼する事業所が決まり次第速やかに三条市へ提出して

ください。

２　介護予防サービス計画の作成を依頼する事業所を変更するときは、変更年月日を記入の上、必ず三条市へ届け出てください。届出のない場合、サ

ービスに係る費用を一旦、全額自己負担していただくことがあります。

３　介護予防サービス計画の作成を委託する事業所を変更するときも、三条市に提出してください。