**居宅（介護予防）サービス計画作成依頼の廃止届出書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | | | | | |  | | | | | |  | | | | 区分 | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | |  | | | | 契約廃止 | | | | | | | | | | | |
| 被保険者氏名 | | | | | | | | | | | | | | 被保険者番号 | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | | | | | | | | | | |  | |  | |  | |  | |  | | |  | |  | |  | | |  | |  | |
|  | | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  |  | |  | | |  | |  | |  |
| 生年月日 | | | | | | | | | | | | | | | | | | | | | |
| 年　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | |
| 居宅（介護予防）サービス計画の作成の契約を廃止した事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居宅（介護予防）支援事業所名 | | | | | | | | |  | | | | 居宅（介護予防）支援事業所の所在地 | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | 〒  電話番号 | | | | | | | | | | |  | | | | | | | | | | | |
| 居宅（介護予防）支援事業所番号 | | | | | | | | | | | | | 契約廃止年月日 | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | |  |  |  | |  |  |  | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | |
| 契約を廃止した理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １　介護保険施設への入所  　２　医療機関への入院  　３　その他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 門真市長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上の居宅（介護予防）支援事業者に居宅（介護予防）サービス計画の作成を依頼しましたが、契約を廃止したことを届出します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 〒  住　所 | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
| 被保険者 | | | |  | | | | | | | | | | | | | | 電話番号 | | | | | |  | | | | | | | | | | | |
|  | | | | 氏　名 | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |

　（注意）１　この届出書は、居宅（介護予防）サービス計画の作成の契約を廃止したときに、すみやかに「門真市」へ提出してください。

２　ただし、被保険者の死亡、市外転出により保険者が門真市以外になる場合は提出不要です。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保険者確認欄 | 届出の重複 |  | | | | | | | | | | | |
| * 居宅（介護予防）支援事業所番号 | | | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  |  |  |