様式第５号（第１５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険住所地特例対象施設入所・退所連絡票  年　　月　　日  　福井市長　　あて | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 次の者が下記の施設 | | | | | | | | | | | | | | | に入所(入居)  ・  を退所(退居) | | | | | | しましたので、連絡します。 | | | | | | | | | | | | | | | | | | |
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|  | | 入所(入居)・退所(退居)年月日 | | | | | | | 年　　　月　　　日 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | 被保険者 | | | 被保険者番号 | | |  |  |  |  |  |  |  |  | |  | |  | 個人番号 | | | |  |  |  | |  |  | |  | |  |  | |  |  |  |  |  |
| フリガナ | | |  | | | | | | | | | | | | 生年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | |
| 入所(入居)前住所 | | | 郵便番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所(退居)後住所  ＊1 | | | 郵便番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所(退居)理由 | | | 1　他の住所地特例対象施設に入所(入居)　　　　2　死亡　　　　3　その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊1死亡退所(退居)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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 電話番号 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | 郵便番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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