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| 課　長 | 課長補佐 | 係　長 | 係　　員 |
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**介護保険施設　入所・退所　連絡票**

**令和　　　年　　　月　　　日**

**松浦市長　様**

**介護保険施設**

**所　在**

**名　称**

**届出者名**

**に　　　入　所**

**次の者が下記の施設　　　　　　　　　　　　　　　しましたので、連絡します。**

**を　　　退　所**

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| **入所・退所年月日** | **令和　　　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** | | | | | |
| **性　　別** | | **男　　・　　女** | | | | | |
| **入所前住所** | **〒** | | | | | | | | | | | | | | | | | | |
| **退所後住所** | **〒** | | | | | | | | | | | | | | | | | | |
| **退所理由** | **１　他の介護保険施設入所　　　２　死亡　　　　３　その他** | | | | | | | | | | | | | | | | | | |
| **死亡退所の場合は退所後住所について記載不要** | | | | | | | | | | | | | | | | | | | | |
| **保　険　者　名** | | | **松　浦　市** | | | | | | | | | **保険者番号** | | **４** | | **２** | **２** | **０** | **８** | **９** |

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| **施　　設** | **名　　称** |  |
| **電話番号** |  |
| **所 在 地** | **〒** |