様式第１号（第１１・１３条関係）

大野市介護予防・日常生活支援総合事業利用（更新）申請書

平成　　　年　　　月　　　日

大野市長　様

申請者　住所

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| 区　分 |
| 新規　・　更新 |

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| 大野市介護予防・日常生活支援総合事業を利用したいので、次のとおり、基本チェックリストを添付のうえ申請いたします。  また、この申請を行うにあたって、以下に記載されている事項に同意します。  １　この事業で得られた個人に関する情報を、ケアマネジメント事業や事業実施に活用する観点から関係機関へ提供することに同意します。  ２　この事業で得られた個人に関する情報を、統計処理することに同意します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 対象者 | 被保険者番号 |  |  |  |  | |  |  |  | | |  |  |  | | |  |  | |  | | 個人番号 |  |  |  |  | |  |  |  | | |  |  |  | | |  |  | |  | | フリガナ |  | | | | | | | | | 生年月日 | | | | | 明治・大正・昭和  年　　月　　日 | | | | | | 氏　　名 |  | | | | | | | | | | 性　別 | | | | | 男　・　女 | | | | | | 住　　所 | 〒  　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | 緊急連絡先 | 氏　　名 | | | |  | | | | | | | | | 続　柄 | | | |  | | | 住　　所 | | | |  | | | | | | | | | | | | | | | | 電話番号 | | | |  | | | | | | | | | | | | | | | | 希望サービス | □訪問型サービス　　 □通所型サービス　 □その他 | | | | | | | | | | | | | | | | | | | | (　　　　　　　　 )　(　　　　　 　　　)　(　　　　　　　) | | | | | | | | | | | | | | | | | | | | 前回の要介護認定の結果等（前回要介護・要支援更新認定所持のみ記入） | 要介護状態区分　１　２　３　４　５  要支援状態区分　１　２ | | | | | | | | | | | | | | | | | | | | 有効期間 | | | | 平成　 年　 月　 日から平成　 年　 月　 日 | | | | | | | | | | | | | | | | 担当事業所名 | | | | | | | |  | | | | | | | | | | | | 担当介護支援専門員氏名 | | | | | | | |  | | | | | | | | | | |   **市町村担当記入欄**   |  |  | | --- | --- | | ※決定区分  □　該　当  □　非該当（理由：　　　　　　　　　　　　　　　　　） | 決裁欄 | |  | |

電話番号