**介護保険住所地特例施設　入所・退所　連絡票**

**年　　月　　日**

**（宛先）厚木市長**

**施設名**

**施設長**

**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**

|  |  |
| --- | --- |
| **入所・退所年月日** | **年　　　月　　　日** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **被　保　険　者** | **被保険者番号** | |  |  |  |  |  |  |  |  |  |  |
| **フリガナ** |  | | | | | | | | | | | |
| **氏　　名** |  | | | | | | | | | | | | **生年月日** | **明・大・昭　年　月　日** |
| **入所前住所** | **〒** | | | | | | | | | | | | | |
| **退所後住所**  **＊１** | **〒** | | | | | | | | | | | | | |
| **退所理由** | **１　他の介護保険施設入所　　　　２　死亡　　　　３　その他** | | | | | | | | | | | | | |

**＊１死亡退所の場合は記載不要**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **保険者名** |  | **保険者番号** |  |  |  |  |  |  |

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