**様式第２号**

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| **介護保険　住所地特例　適用・変更・終了　届**  **能代市長　　　　様**  **次のとおり住所地特例(適用・変更・終了)について届け出ます。**  **＊上記(適用・変更・終了)より該当するものに○をつける。**  **在宅→施設：適用　　施設→施設：変更　　施設→在宅：終了** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **届出年月日** | | | | **年　　 月　　 日** | | | | | | | | | | |  |
|  | **届出人氏名** | | | |  | | | | | | | | | | | | | | **本人との関係** | | | |  | | | | | | | | | | |
| **届出人住所** | | | | **〒**  **電話番号** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **＊届出人が被保険者本人の場合、届出人住所・電話番号は記載不要** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **被保険者** | | **被保険者番号** | |  | |  | |  |  |  |  |  |  | |  |  | **個人番号** | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| **フリガナ** | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **氏名** | |  | | | | | | | | | | | | | | **生年月日** | | **明・大・昭　年　月　日** | | | | | | | | | | | | |  |
| **性別** | | **男・女** | | | | | | | | | | | | |
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|  | **世帯主** | **氏名** | | |  | | | | | | | | | | **被保険者との続柄** | | | |  | | | | | | | | | | | | | | | |
|  | | | | **生年月日** | | **明・大・昭　年　月　日** | | | | | | | | | | | | |  |
| **性別** | | **男・女** | | | | | | | | | | | | |
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|  | **異動前情報** | **従前の住所** | | | | **〒**    **電話番号** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **＊異動前住所が施設の場合、以下も記入のこと** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **施設** | | **名称** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **退所年月日** | | | | **年　　　月　　　日** | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **異動後情報** | **現住所** | | | | **〒**  **電話番号** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **＊異動後居住地が施設の場合、以下も記入のこと** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **施設** | | **名称** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **入所年月日** | | | | **年　　　月　　　日** | | | | | | | | | | | | | | | | | | | | | | | | | |
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