**様式第５号**（第７条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (表)  介護保険　要介護（要支援）認定等申請書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 盛岡北部行政事務組合　管理者　様  次のとおり申請します。　　　　　　　　　　　　　　　　　　　　　　　　　　　＊受付市町記入欄につき記入不要   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ＊申請区分(該当に○) | | | 新規　･　更新　･　転入 | | | | | | | | | 申請年月日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | 申請者氏名 | | |  | | | | | | | | | 本人との関係 | | | | | | |  | | | | | | | | | | | | | 提出代行者名称 | | | 該当に○（地域包括支援センター・居宅介護支援事業者・指定介護老人福祉施設・介護老人保健施設・指定介護療養型医療施設・介護医療院） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 申請者住所  (連絡先) | | | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※申請者が被保険者本人の場合、申請者住所・電話番号は記入不要 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 被　　　　　保　　　　　険　　　　　者 | ＊被保険者番号 | |  |  |  | |  |  |  |  |  | |  | |  | 個人番号 | | |  |  |  |  |  |  |  |  |  |  |  |  | | フリガナ | |  | | | | | | | | | | | | | 性別 | | | 男　　・　　女 | | | | | | | | | | | | | 氏　　名 | |  | | | | | | | | | | | | | | 生年月日 | | | 年　　月　　日 | | | | | | | | | | | | | 住　　所 | | 〒  　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号　　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 前回の要介護認定の結果等 | | ※要介護・要支援更新認定の場合のみ記入 | | | 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　　　　　　年　　　月　　　日から　　　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | ※転入申請等の場合に記入 | | | 転出元自治体(市町村)名  現在、転出元自治体に要介護・要支援認定を申請中ですか。  (既に認定結果通知を受け取っている場合は「いいえ」を選択してください)　　　　　はい・いいえ  「はい」の場合、申請日　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | 過去６月間の介護保険施設  医療機関等  入院、入所の有無 | | 介護保険施設の名称等、所在地 | | | | | | | | | | | | | 期間　　 年　 月　 日～　　年　 月　 日 | | | | | | | | | | | | | | | | 介護保険施設の名称等、所在地 | | | | | | | | | | | | | 期間　　 年　 月　 日～　　年　 月　 日 | | | | | | | | | | | | | | | | 医療機関の名称等、所在地 | | | | | | | | | | | | | 期間　　 年　 月　 日～　　年　 月　 日 | | | | | | | | | | | | | | | | 有　・　無 | | 医療機関の名称等、所在地 | | | | | | | | | | | | | 期間　　 年　 月　 日～　　年　 月　 日 | | | | | | | | | | | | | | | | ＊第２号被保険者（40歳から64歳の医療保険加入者）のみ記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 医療保険者名 | |  | | | | | | | | 医療保険被保険者証  記号番号 | | | | | |  | | | | | | | | | | | | | | | 医療保険者番号 | |  | | | | | | | | | 特定疾病名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ＊申請書備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※日頃かかりつけにしている医師について記入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 主治医 | | 主治医氏名 | | | |  | | | | | | | | 医療機関名 | | | |  | | | | | | | | | | | | | | 所在地 | | | | 〒  電話番号　　　　（　　） | | | | | | | | | | | | | | | | | | | | | | | | | | ＊意見書備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 調査内容等提示についての同意 | | 介護サービス計画又は介護予防サービス計画を作成するために必要があるときは、要介護認定・要支援認定にかかる調査内容、介護認定審査会による判定結果・意見、及び主治医意見書を、地域包括支援センター、居宅介護支援事業者、居宅サービス事業者若しくは介護保険施設の関係人、主治医意見書を記載した医師又は認定調査に従事した調査員に提示することに同意します。  本人氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | 市町受付印 |  |  | 組合処理欄 | 処理(認定)日 | 盛岡北部行政事務組合(様式第５号) | | 年　　月　　日 |  | | 決　　　　定 |  | | 要介護・要支援・非該当・却下・取下げ |  | |

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| (裏)  ○第三者が被保険者本人の信任による委託を受けて要介護･要支援認定申請を代理で行う場合は、下記の委任状を作成の上申請書を提出してください。  　なお、介護保険法第27条第１項の規定により指定居宅介護支援事業者又は介護保険施設等が申請手続きを代行する場合は委任状の添付は要しません。     |  | | --- | | 委　　　任　　　状  　私は　　　　　　　　　　　を代理人と定め下記の事項を委任します。  記  １　介護保険要介護認定･要支援認定申請に関する件  　　　　　　　　年　　　月　　　日  　　　　　　　　　　　　　　　　（住所）  　　　　　　　　　　　　　　　　　　　　　（委任者氏名）　　　　　　　　　　　　　　　印 | |