様式第６号（第７条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （表）  介護保険資格者証   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 有効期限 | |  | | | | | | | | | | | | | | | | | | | | | 被保険者 | 被保険者番号 |  |  |  | |  |  |  | |  | |  |  | |  | | |  | | | | | 住　　所 |  | | | | | | | | | | | | | | | | | | | | | フリガナ  氏　　名 |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 生年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | 性　別 | | 男・女 | | 交付年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | 要介護状態区分等 | |  | | | | | | | 認定年月日 | | | | | | | 年　月　日 | | | | | | | 認定の有効期間 | | 年　　月　　日～　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | 訪問･通所（院）  サービス | | 区　分　支　給　限　度　額 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | うち種類支給限度額 | | サービスの種類 | | | | | | | | | 種類支給限度額 | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | 短期入所サービス | | 区　分　支　給　限　度　額 | | | | | | | | | | | | | | | | | | | | | 年　　月　　日～　　　　　　年　月　　日 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 認定審査会意見等 | |  | | | | | | | | | | | | | | | | | | | | | 給付制限 | |  | | | | | | | | | | | | | | | 開始年月日 | | | 年　月　日 | | | 終了年月日 | | | 年　月　日 | | |  | | | | | | | | | | | | | | | 開始年月日 | | | 年　月　日 | | | 終了年月日 | | | 年　月　日 | | | 居宅介護支援  事業者名･事業所名 | | 届出年月日　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | 居宅介護支援  事業者名･事業所名 | | 届出年月日　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | 備考：介護保険施設が被保険者の入退所時に記載する | | | | | | | | | | | | | | | | | | | | | | | 介護保険施設 | | 種類 | | |  | | | | | | | | | | | | 入所年月日 | | | 年　月　日 | | | 名称 | | |  | | | | | | | | | | | | 退所年月日 | | | 年　月　日 | | | 介護保険施設 | | 種類 | | |  | | | | | | | | | | | | 入所年月日 | | | 年　月　日 | | | 名称 | | |  | | | | | | | | | | | | 退所年月日 | | | 年　月　日 | | | 保険者番号並びに  保険者名称及び印 | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | | | | | | | | | | | | 盛岡北部行政事務組合 | | | | | | | | |
| （裏）   |  | | --- | | 注　意　事　項  １　介護サービスを受けようとするときは、あらかじめ市町村の窓口で要介護認定又は要支援認定（認定）を受けてください。  ２　介護サービスを受けようとするときは、必ずこの証を事業者又は施設の窓口に提出してください。  ３　病院、診療所、介護老人保健施設又は訪問看護若しくは訪問リハビリテーションを行う事業所から介護サービスを受ける場合は、この証に老人保健の健康手帳を添えて、事業者又は介護保険施設に提出してください。  ４　介護サービスを受けるときに支払う金額は、介護費用（入院又は入所時に食事に要する費用を除く。）の一割です（居宅介護支援サービスの利用時支払額はありません。）。また、入院又は入所時における食事に要する費用については、１日につき定額の負担限度額となります。  　　ただし、在宅サービスについては、あらかじめ居宅介護支援事業者に介護サービス計画の作成を依頼し、その旨を市町村に届け出るか、自ら介護サービス計画を作成し、市町村に届け出た場合に限ります。これらの手続きをしない場合は、給付は組合からの事後払いになります。  ５　在宅サービスには、給付の限度額が設定されます。  ６　認定審査会意見等の欄に記載がある場合は、その事項に留意して下さい。また、利用できるサービスの指定がある場合は、当該サービス以外は給付を受けられません。  ７　死亡、転出等の理由により、被保険者の資格がなくなったときは、直ちにこの証を組合（市町村）に返してください。  ８　この証の表面の記載事項に変更があったときは、14日以内に、この証を添えて、組合（市町村）にその旨を届け出てください。  ９　資格者証の有効期限を経過したときは、この証を使用することはできませんので、速やかに、組合（市町村）に提出して、検認又は更新を受けてください。  10　不正にこの証を使用した者は、刑法により詐欺罪として懲役の処分を受けます。  11　災害等特別の事情がないのに保険料を滞納したときは、給付を組合からの事後払いとする措置（支払方法変更）、利用時支払額を三割とする措置（給付額減額等）等を受ける場合があります。 | |