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| 介護保険住所地特例適用・変更・終了届  　幌延町長　様  　次のとおり住所地特例（適用・変更・終了）について届出ます。  ＊　上記（適用・変更・終了）より該当するものに丸をつける  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | ＊届出者が被保険者本人の場合、届出者住所・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 | | | |  | | | | | | | | | | | | | 生年  月日 | | 明・大・昭  　　　　年　月　日 | | | | | | | | | | | | |  | |
| 氏名 | | | |  | | | | | | | | | | | | |
|  | 性別 | | 男　・　女 | | | | | | | | | | | | |  | |
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|  | 世帯主 | 氏名 | | |  | | | | | | | | 世帯主との続柄 | | | | | |  | |  | | | | | | | | | | | | |  | |
|  |  | | | | | | 生年月日 | | 明・大・昭　年　月　日 | | | | | | | | | | | | |  | |
|  |  | | | | | | 性別 | | 男　・　女 | | | | | | | | | | | | |  | |
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|  | ＊異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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