様式第4号

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| 介護保険住所地特例施設　入所(居)・退所（居）　連絡票  年　　月　　日  　　　(宛先)所沢市長  住所地特例対象施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 次の者が下記の施設 | | | | | | | | に入所・入居  ・  を退所・退居 | | | | | | | | | しましたので、連絡します。 | | | | | | | | | | | | | |
|  | 入所(居)・退所(居)年月日 | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | |  | | | | | | | |
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|  | 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(居)  前住所 | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所(居)  後住所  ＊1 | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所(居)  理由 | | 1　他の住所地特例対象施設入所(居)　　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 | | | | | |  | | |  |  | | |  |  |  |  | | |
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|  | 施設 | 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 電話番号 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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