第６号様式（第５条関係）

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| **介護保険住所地特例適用・変更・終了届**  　白　河　市　長  　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)から該当するものに丸を付ける。  　　　　　　　　　　　　　　　　　住宅→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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 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 | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | 〒　　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 世帯主 | 氏名 |  | | | | | | | | | | 続柄 | | | | 個人番号 | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  |  |  |  |
|  | | | | 生年月日 | | 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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