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| 訪問介護の生活援助が規定回数を超える対象者届出書   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ﾌﾘｶﾞﾅ  被保険者氏名 | | |  | | | | | | 保険者番号 | |  | | | | |  |  | |  |  |  |  | |  | | | | | | 被保険者番号 | |  |  | |  |  |  |  | |  |  |  |  | | 生年月日 | | |  | | | | | | 性　　　別 | |  | | | | | | | | | | | | | 住　　所 | | |  | | | | | | | | | | | | | | | | | | | | | 要介護度 | | |  | | | | | | 認定期間 | |  | | | | | | | | | | | | | 訪問回数 | 要介護度 | | | | | 要介護１ | | 要介護２ | | 要介護３ | | | 要介護４ | | | | | 要介護５ | | | | | | 基準回数 | | | | | ２７回 | | ３４回 | | ４３回 | | | ３８回 | | | | | ３１回 | | | | | | 計画上の回数 | | | | |  | |  | |  | | |  | | | | |  | | | | | | 届出の理由 | | □　新規に（更新後、初回の）居宅介護サービス計画を作成した。  □　居宅介護サービス計画を変更した。 | | | | | | | | | | | | | | | | | | | | | | 規定回数を超える理由 | |  | | | | | | | | | | | | | | | | | | | | | | 湧別町長　様  　上記のとおり、居宅サービス計画に厚生労働大臣が定める回数以上の訪問介護（生活援助中心型）を位置付けましたので、届け出ます。  　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | 事業所名 | | | | |  | |  | | | | | | | | | | | | | | | | | 所在地及び連絡先号 | | | | |  | |  | | | | | | | | | | | | | | | | | 介護支援専門員名 | | | | |  | | 印 | | | | | | | | | | | | | | | | | 保険者確認欄 | | | | □第１表　□第２表　□第３表　□第４表　□第５表　□第６表　□第７表  □基本情報（フェイスシート）　□課題分析表（アセスメントシート） | | | | | | | | | | | | | | | | | | | |