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| 新型コロナウイルス感染症に係る  要介護・要支援認定の臨時的な取扱いに関する申出書  江　田　島　市　長　様  新型コロナウイルス感染症拡大防止を図る観点から面会が困難なため，次により認定  期間を１２か月延長してください。  　　　　　　　申出年月日　令和　　年　　月　　日   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 申出者氏名 |  | | | | | | | | | | | | | 本人との関係 | | |  | | | 申出代行者  名　　　称 | 該当に○（地域包括支援センター・居宅介護支援事業者・指定介護老人福祉施設・介護老人保健施設・指定介護療養型医療施設・介護医療院） | | | | | | | | | | | | | | | | | | | 申出者住所 | 〒  電話番号　　　（　　　） | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | 被保険者番号 |  |  |  |  |  |  | |  |  |  |  | |  | | | | | | | フリガナ |  | | | | | | | | | | | 生年月日 | | | 年 　月 　日 | | | 性　別 | | 被保険者氏名 |  | | | | | | | | | | |  | | 住所 | 〒 | | | | | | | | | | | | | | | 電話番号　　（　　　） | | | | 申出理由 | | | | | | | □病院，施設が面会を禁止等しているため  （病院，施設名　　　　　　　　　　　　　　　）  □対象者が対面での調査に不安があるため  □その他（　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | 延長を受けようとする  要介護認定の区分等 | | | | | | | （要介護・要支援状態区分）  要介護状態区分　　１　 ２　 ３　 ４　 ５  要支援状態区分　　　１　 ２ | | | | | | | | | | | | | （現在の認定有効期間）  　　　　　　年　　月　　日　～　　　年　　月　　日 | | | | | | | | | | | |   　※申出には介護保険被保険者証を添付してください。  【江田島市記入欄】　　　　　　　　　　　　　　　　　　　　　　　　　　　受付印   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 証回収 | 入力１ | 入力２ | 一次 | 二次 | 証送付 | |  |  |  |  |  |  | |