様式第7号(第10条関係)

介護保険受給資格証明書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者 | 番号 | |  | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ | |  | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | 年　　月　　日 | | | | | | | | | | |  | | | | | | | | | | |
| 住所  (転出先予定) | |  | | | | | | | | | | | | | | | | | | | | | |
| 異動予定日 | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | |
| 上記の者は、介護保険の要介護認定・要支援認定等を次のとおり受けている(申請中の)者であることを証する。 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 年　　月　　日  山梨県都留市長　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 申請年月日 | | | | | | 年　月　日 | | | | | | | | | |
| 要介護状態区分 | |  | | | | | | | 認定年月日 | | | | | |  | | | | | | | | | |
| 認定の有効期間 | | 年　　月　　日　から　　　　年　　月　　日まで有効 | | | | | | | | | | | | | | | | | | | | | | |
| 利用者の負担割合 | | 割（　　　　　）　　　　　　　　（住所移転前の負担割合） | | | | | | | | | | | | | | | | | | | | | | |
| 認定審査会の意見等 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | |