　　年　　月　　日

訪問介護（生活援助中心型）が厚生労働大臣が定める回数以上となる場合の届出書

上山市長　様

事業所名

担当介護支援専門員

電話番号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ |  | | | | | | | 保険者番号 | | | |  | | | | | | | | 0 | | | 6 | | | | 2 | | | 0 | | | 7 | | | | 5 | |
| 被保険者氏名 |  | | | | | | | 被保険者 番号 | | | |  | |  | |  |  | | | |  | | | |  | | |  | | |  | | |  | | | |  |
| 要介護度 | □要介護１　　□要介護２　　□要介護３　　□要介護４　　□要介護５ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　　所 | 〒 | | | |  |  |  |  |  |  |  | |  | |  | | |  | | | |  | |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | （電話番号） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （施設名等） |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |  | | |  | | | |
| 利用開始月 | 年　　　月から | | | | | | | １月あたりの訪問介護 （生活援助中心型）提供回数 | | | | | | | | | | | 回 | | | | | | | | | | | | | | | | |  | | |
| 訪問介護サービス 提供事業所 |  |  |  |  |  |  | | |  |  |  | |  | |  | | |  | | | |  | |  | |  | | |  | | |  | | |  | | | |
|  |  |  |  |  |  |  |  |  |  | （電話番号） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人の状況及び訪問介護の生活援助中心型を基準回数を超えてケアプランに位置づけた理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

厚生労働大臣が定める回数

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 介護度 | 要介護１ | 要介護２ | 要介護３ | 要介護４ | 要介護５ |
| 回数 | ２７ | ３４ | ４３ | ３８ | ３１ |

添付書類

□課題分析表

□ケアプラン第１表～第４表　※第１表は利用者へ交付し署名があるものの写し

（提出期限：当該ケアプランを作成・変更した月の翌月末まで）