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| **介護保険** | **要介護認定・要支援認定**  **要介護更新認定・要支援更新認定**  **要介護度認定変更** | **申請取下書** |

**空知中部広域連合長　様**

**次のとおり取り下げます。**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | **取下年月日** | | | **令和　　年****月　日** |
| **取下者氏名** | |  | | | | | | | | | | | | **本人との関係** | | |  |
| **取下代行者**  **名　　　　称** | | **（ 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・介護医療院）** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **取下者住所** | | **〒****－**  **電話番号（　　　　）　　　－** | | | | | | | | | | | | | | | |
| **＊取消者が被保険者本人の場合、申請者住所・電話番号は記載不要** | | | | | | | | | | | | | | |
| **被　保　険　者** | **被保険者番号** | |  |  |  |  |  |  |  |  |  |  |
|  | |  | | | | | | | | | | **生年月日** | | | **明・大・昭**  **年**　　　　**月**　　　　**日** | |
| **氏　　　　名** | |  | | | | | | | | | |
| **住　　　　所** | | **〒　　　　　－**  **電話番号（　　　　）****－** | | | | | | | | | | | | | | |

**取り下げ理由**

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