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|  | |  | | | | | 指定居宅サービス事業者等指定更新申請書 | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | 兼指定介護予防サービス事業者指定更新申請書 | | | | | | | | | | | | | | | | | | | |
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|  | | 福岡県知事　殿 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | 申請者 | | 名　称 | | | | |  | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | |  | | 代表者の  職・氏名 | | | | |  | | | | | | | | | | | |  |  |
| （記名押印又は署名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 介護保険法に規定する指定居宅サービス事業者、指定居宅介護支援事業者、介護保険施設及 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | び指定介護予防サービス事業者に係る指定（許可）の更新を受けたいので、下記のとおり関係 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 書類を添えて申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申請者 | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 主たる事務所の　所在地 | | | （郵便番号 | | | | | |  | | | | | | ） |  | | | | | | | | | | | | | | | |
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| 連絡先 | | | 電話番号 | | | |  | | | | | | | | | | | | FAX番号 | | | |  | | | | | | | | |
| 代表者の職・  ・氏名・年齢 | | | 職名 | |  | | | | | | | フリガナ | | | |  | | | | | | | | | 生年  月日  (和暦) | | |  | | | |
| 氏名 | | | |  | | | | | | | | |
| 代表者の住所 | | | （郵便番号 | | | | | | |  | | | | | ） | |  | | | | | | | | | | | | | | |
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| 介護保険事業所番号 | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |
| 指定(許可)更新(居宅等) | | | | | | | | |  | | | | | | | | | | | | | 更新予定日 | | | | | |  | | | | |
| 指定更新(介護予防) | | | | | | | | |  | | | | | | | | | | | | | 更新予定日 | | | | | |  | | | | |
| その他の併設事業 | | | | (介護予防)訪問介護　(介護予防)訪問入浴　(介護予防)訪問看護　(介護予防)訪問リハ　(介護予防)通所介護  　(介護予防)通所リハ　(介護予防)短期生活　(介護予防)短期療養　(介護予防)特定施設　(介護予防)福祉用具貸与  　特定(介護予防)福祉用具販売　居宅介護支援　介護老人福祉施設　介護老人保健施設　介護療養型医療施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考　１　指定介護予防サービス事業を行っていない場合は、「指定更新（介護予防）」欄を斜線で抹消してください。  　　　２　「その他の併設事業」欄は、本申請に係る事業以外に同一所在地における併設事業所がある場合に該当事業を「○」で  　　　　囲んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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