**ファミリーサービス利用申請書**

**令和　　　年　　月　　日**

**社会福祉法人　黒部市社会福祉協議会　宛て**

■**申込者**

|  |  |
| --- | --- |
| **氏名** |  |
| **住所** |  |
| **電話番号** |  |
| **利用者との関係** |  |

**下記の利用者に対してファミリーサービスの利用を申請いたします。**

■**利用者**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **氏名** | | |  | | | | | | **男・女** | **生年月日** | |  | |
| **住所** | | | **〒** | | | | | | | **電話** | |  | |
| **利用者及び**  **家庭の状況** | | |  | | | | | | | | | | |
| **希望する**  **サービス内容** | | |  | | | | | | | | | | |
| **要介護度** | | |  | | | | | | | | | | |
| **希望曜日・時間** | | |  | | | | | | | | | | |
| **家族状況** | **氏名** | | | **続柄** | | **勤務先など（電話）** | | | | | | **緊急時連絡先**  **氏名**  **TEL**  **主治医**  **家族以外の連絡先** | |
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| **備考** | | | | | | | | | | | | | |
| **担当ケアマネージャー** | | | | |  | | | | | | | | |
| **利用している介護サービス** | | | | |  | | | | | | | | |
|  | | | | |  | | | | | | | | |
| **受付** | |  | | | | | **サービス提供責任者** | | | |  | | |
| **実調日** | |  | | | | **契約日** | |  | | | **利用開始日** | |  |