|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ●私にとって必要な物□□□□□□□□□□□□⑭ |  | やまおり  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 私の情報 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ふりがな氏　　　名 |  | （ 男・女 ） |
|  |
|  | 生年月日 |  | 年 |  | 月 |  | 日 |  | 歳 |
|  |
|  | 住　　　所 |  |
|  |
|  | 電話番号 |  |
|  |
|  | ＦＡＸ番号 |  |
|  |
|  | 携帯電話 |  |
|  |
|  | ﾒｰﾙｱﾄﾞﾚｽ |  |
|  |
|  | 家族構成(世帯状況） |  |  |  |  |  |  |
|  | 人世帯 |
|  |  | （ |  | ） |
|  | 普段の介助・介護者氏名 |  |
|  |
|  |
|  |  |  | 本人との関係（ |  | ） |
|  |  |
|  |  | 連絡先（ |  | ） |
|  |  |

⑮　　　情報提供□ |
|  |  |  |  |
| ✂  |  |  |  |
|  |  |  | ⑮＜記入上の参考＞・本人の情報を書きましょう。・ここに載っていないもので必要な情報は、余白に書いておきましょう。例：血液型**注）ページ番号（丸囲み数字）の横にある□（チェックボックス）について**◎このページに記入した情報を、市町村や地域の支援者（民生委員や町内会長など）に提供することに**同意する場合**は、□（チェックボックス）に○を付けてください。 |