付表12

（表）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 福祉用具貸与・介護予防福祉用具貸与事業者の指定に係る記載事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 事業所 | | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | (郵便番号　　―　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | FAX番号 | | | | | |  | | | | | | | | |
| 実施主体が地方公共団体である場合は、当該事業の実施について定めてある条例等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | | | | |
| 管理者 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | 住所・連絡先 | | | | | | (郵便番号　　―　　　) | | | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | |  | | | | | | | | | | | | | | | | | | | | 電話番号 | | | |  | | | | | | | FAX番号 | | |  | |
| 他の職務との兼務の状況(兼務がある場合のみ記入) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 当該福祉用具貸与・介護予防福祉用具貸与事業所内での他の職務との兼務 | | | | | | | | | | | | | 職種 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の職務との兼務 | | | | 事業所又は施設の名称及び事業又は施設の種類 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種及び勤務時間 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 利用者の推定数 | | | | | | | 人 | | | | | | | | | | | | | | | | | | | (前年度の平均値、新規の場合は予測される数を記入) | | | | | | | | | | | | | | | | | | | | |
| 従業者 |  | | | | | | | | | | | 専門相談員 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 専従 | | | | | | | | | | 兼務 | | | | | | | | | | |
| 常勤(人) | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| 非常勤(人) | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| 常勤換算後の人数(人) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 主な掲示事項 | 営業日 | | | | | 日 | | 月 | | | | | 火 | 水 | | | 木 | | 金 | | | | | 土 | | | 祝 | | | その他  年間の休日 | | | | | | | | |  | | | | | | | |
|  | |  | | | | |  |  | | |  | |  | | | | |  | | |  | | |
| 営業時間 | | | | | 平日 | | | | ～ | | | | | | | | | | | | | 土曜 | | | | | | ～ | | | | | | | | | | | 日・祝 | | | ～ | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取り扱う種目(該当に○) | | | | | 車椅子 | | | | | | | | | | | |  | | | 車椅子付属品 | | | | | | | | | | | | | | | |  | | | | 特殊寝台 | | | | |  |
| 特殊寝台付属品 | | | | | | | | | | | |  | | | 床ずれ防止用具 | | | | | | | | | | | | | | | |  | | | | 体位変換器 | | | | |  |
| 手すり | | | | | | | | | | | |  | | | スロープ | | | | | | | | | | | | | | | |  | | | | 歩行器 | | | | |  |
| 歩行補助つえ | | | | | | | | | | | |  | | | 認知症老人徘徊感知機器 | | | | | | | | | | | | | | | |  | | | | 移動用リフト | | | | |  |
| 自動排泄処理装置 | | | | | | | | | | | |  | | | その他 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | | 法定代理受領分　　　運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外　運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | 運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | ① | | | | | | | | | ② | | | | | | | | | | | | | ③ | | | | | | | | ④ | | | | | | | | ⑤ | | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考　記入欄が不足する場合は、別に記入した書類を添付すること。  （裏面に続く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（裏）

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| （表面から続く。）  　添付書類  　　１　申請者の登記事項証明書又は条例等の写し  　　２　事業所の平面図及び設備の概要を記載した書類  　　３　運営規程  　　４　利用者からの苦情を処理するために講ずる措置の概要を記載した書類  　　５　当該申請に係る事業に係る従業者の勤務の体制及び勤務形態を記載した書類  　　６　福祉用具の保管及び消毒の方法（委託等により他の事業者に行わせる場合にあっては、その事業者の名称及び主たる事務所の所在地並びに委託等に関する契約の内容）を記載した書類  　　７　介護保険法第70条第２項各号又は第115条の２第２項各号に該当しないことを誓約する書類  　　８　その他指定に関し知事が必要と認める事項を記載した書類 |