付表８の２

（表）

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 短期入所生活介護・介護予防短期入所生活介護事業者の指定に係る記載事項(空床利用型、併設事業所型) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 当該短期入所生活介護・介護予防短期入所生活介護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 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 空床型・併設型の別(該当に○) | | | | | | | | | | | | | | | | 空床型(空床利用のみ) | | | | | | | | | | | | | |  | | | | 併設型 | | | | | |  | | | | | 併設型(空床型も実施) | | | | | | | |  |
| 本体施設の種別 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所者の定員 | | | | | | | | | 人 | | | | | 短期入所利用者の推定数 | | | | | | | | | | | | | | 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 | | | |  | | | | | | | | | | | 医師 | | | | | 生活相談員 | | | | | | | | | | | 介護職員 | | | | | | | | | | | | | 看護師・准看護師 | | | | | | | 機能訓練指導員 | | |
| 専従 | | 兼務 | | | 専従 | | | | 兼務 | | | | | | | 専従 | | | | | | | | 兼務 | | | | | 専従 | | | 兼務 | | | | 専従 | 兼務 | |
| 本体施設の施設等従事人数(人) | | | | | | 常勤 | | | | |  | |  | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |  | | | |  |  | |
| 非常勤 | | | | |  | |  | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |  | | | |  |  | |
| 短期入所生活介護従事人数(人) | | | | | | 常勤 | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |  | | | |  |  | |
| 非常勤 | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | |  | | |  | | | |  |  | |
| 常勤換算後の人数 | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | |
|  | | | | | | | | | | | 栄養士 | | | | | 介護支援専門員 | | | | | | | | | | | 栄養士を配置しない場合の措置 | | | | | | | | | | | | | | | | | | | | | | |
| 専従 | | 兼務 | | | 専従 | | | | 兼務 | | | | | | |
| 本体施設の施設等従事人数(人) | | | | | | 常勤 | | | | |  | |  | | |  | | | |  | | | | | | |
| 非常勤 | | | | |  | |  | | |  | | | | | | | | | | |
| ※設備基準上の記載項目等 | | | | 居室 | １室当たりの最大定員 | | | | | | | | | | | | | | | | 人 | | | | | | | | 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | m2 | | | | |
| 利用者1人当たりの最小床面積 | | | | | | | | | | | | | | | | m2 | | | | | | | | 建物の構造概要 | | | | | | | | | | | | | | 造　　　　階建  (耐火建築物・準耐火建築物) | | | | | | | | | | |
| 廊下 | 片廊下の幅 | | | | | | | | | | | | | | | | m | | | | | | | |
| 中廊下の幅 | | | | | | | | | | | | | | | | m | | | | | | | | 全体の面積 | | | | | | | | | | | | | | m2 | | | | | | | | | | |
| 主な掲示事項 | | | | 入所定員 | | | | | | | 人 | | | | | | | | | 短期入所利用定員 | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | |  | | | | | |
| 利用料 | | | | | | | 法定代理受領分　　　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | | 運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の送迎の実施地域 | | | | | | | ① | | | | | | | ② | | | | | | | | | ③ | | | | | | | | | | | | | | | ④ | | | | | | | | ⑤ | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※  協力医療機関 | | | | 名称 | | | |  | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 名称 | | | |  | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 名称 | | | |  | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 備考　１　本付表は、特別養護老人ホームにおいて空床を利用して(空床型)、又は特別養護老人ホーム、養護老人ホーム、病院、診療所、介護老人保健施設、介護医療院、特定施設入居者生活介護、地域密着型特定施設入居者生活介護若しくは介護予防特定施設入居者生活介護の指定を受けている施設に併設して(併設型)事業を行う場合に使用すること。  　　　　２　※印の欄は、本体施設が特別養護老人ホームの場合であって、介護老人福祉施設の指定の申請と同時に申請する場合は、記載する必要がないこと。  　　　　３　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。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |