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| 通所介護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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 当該通所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 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 実施単位数 | | | | | | | 単位 | | | | | | | | | 同時に通所介護の提供を受けることができる利用者の数の上限 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | |
| 単位ごとの状況 | | | | | | | | | | | | | | | | | | | | | | | | １単位目 | | | | | | | | | | | | | | | | | ２単位目 | | | | | | | | | | | |  | | | | | |  | | | | | 合計 | |
|  | 定員 | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | |  | | | | | |  | | | | | 人 | |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | | | | m2 | | | | | | | | | | | | | | | | | m2 | | | | | | | | | | | |  | | | | | |  | | | | | m2 | |
| 単位別情報(１単位目) | | | | ※2単位目以降は、別紙に記載し、添付すること | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業者 | |  | | | | | | 生活相談員 | | | | | | | | | 看護師・准看護師 | | | | | | | | | | | | | 介護職員 | | | | | | | | | | 機能訓練指導員 | | | | | | | | | | 栄養職員 | | | | | | | | | 歯科職員 | | |
| 専従 | | | | | | | 兼務 | | 専従 | | | | | | | | 兼務 | | | | | 専従 | | | | | | | | 兼務 | | 専従 | | | | 兼務 | | | | | | 専従 | | | 兼務 | | | | | | 専従 | | 兼務 |
| 常勤(人) | | | | | |  | | | | | | |  | |  | | | | | | | |  | | | | |  | | | | | | | |  | |  | | | |  | | | | | |  | | |  | | | | | |  | |  |
| 非常勤(人) | | | | | |  | | | | | | |  | |  | | | | | | | |  | | | | |  | | | | | | | |  | |  | | | |  | | | | | |  | | |  | | | | | |  | |  |
| 定員 | | | | | | 人 | | | | | | | | | | | | | | | 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | m2 | | | | | |  | | | | | | | |
| 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 | | | | | ～ | | | | | | | | | |
| 送迎を除くサービス提供時間 | | | | | | | | | | | | | | | | | | ：　　～　　：　　(　　　時間　　分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な掲示事項 | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | | | ① | | | | | | | | | | | | | | | ② | | | | | | | | | | | | ③ | | | | | | | | | | | ④ | | | | | | | | | | | ⑤ | | | | | |
| 備考 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考　１　２単位以上実施する場合は、別紙に記載し、添付すること。  　　　　２　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。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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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（各室の用途が明示されたもの）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　当該申請に係る事業所の所在地以外の場所で当該申請に係る事業の一部を行う施設を有する場合にあっては、その名称及び所在地並びにその平面図及び設備の概要を記載した書類  　　７　介護保険法第70条第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 |

(裏)