付表２

通所型サービス事業者の指定に係る記載事項

|  |  |
| --- | --- |
| 受付番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |  | | | | | | | | | | | |
| Emailアドレス | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 併設事業所の種別、名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 事業所番号 | | | | | | | |  | | | | | | | | |
| 管  　理  　者 | フリガナ |  | | | | | | | | | | | | | | | | | | | 住　所 | | | | | （郵便番号　　　　－　　　　） | | | | | | | | | | | | | | | | | | | | |
| 氏　名 |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | | | | | | | | |
| 当該事業所で兼務する他の職種（兼務の場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 従業者が兼務する同一敷地内の他の事業所又は施設（兼務の場合のみ記入） | | | | | | | | 名 称 | | | | | | |  | | | | | | | | | | | | | | | | | 事業所番号 | | | | | | | |  | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 実施単位数 | | | | 単位 | | | | | | | | 同時に通所型サービスの提供を受けることができる利用者の数の上限 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | |
| 単位別従業者の職種・員数 | | | | | | | | | 生活相談員 | | | | | | | | | | | | 看護職員 | | | | | | | | 介護職員 | | | | | | | | 機能訓練指導員 | | | | | | その他（ 　　　） | | | |
| 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） | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | |  | | |  |
| 基準上の必要人員（人） | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | |  | | |  |
| 適合の可否 | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | |  | | |  | | | | |  | | | |  | |  | | |  |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | | | 適合の可否 | | | | | | |
|  | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | ㎡以上 | | | | | | | | | | | | | |  | | | | | | |
| 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 | | | |  | | | | ～ | | |  | | | | | 日曜 | | |  | | ～ |  | |
| サービス提供時間（送迎除く） | | | | | 平日 | | | |  | | | | | | ～ | | |  | | | | 土曜 | | | |  | | | | ～ | | |  | | | | | 日曜 | | |  | | ～ |  | |
| 利用定員 | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利 用 料 | | | | | 法定代理受領分 | | | | | | | | | | | | | | | 介護報酬告示上の額又は市が定めた額（負担割合証の割合に準じる） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | 介護報酬告示上の額又は市が定めた額 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食事の提供に要する費用 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | ① | | | | | | | | | | | | ② | | | | | | | | | | ③ | | | | | | | | ④ | | | | | | | | ⑤ | | |
| 備 考 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

１　「受付番号」「基準上の必要人数」「基準上の必要数値」「適合の可否」欄は記入しないでください。

２　記入欄が不足する場合は、適宜欄を設けて記載するか又は別様に記載した書類を添付してください。

３　「主な掲示事項」欄については、本欄への記載の代わりに内容が分かる資料の添付でも可とします。