**付表９　地域密着型通所介護（療養通所介護）事業所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　　　－　　　　）  　熊本県上天草市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | |  | | | | | | | | | | | | | | | | | | | FAX番号 | | | | |  | | | | | | | | |
| ｅ－mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 当該事業の実施について定めてある定款・寄附行為等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | 第　　 　条第 　　　項第 　　　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） | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の従業者との兼務（兼務の場合のみ記入） | | | | 事業所等名称 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 実施単位数　　　　　 単位 | | | | | | 同時に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 | 職種 | | | | | 生活相談員 | | | | | | | | | | 看護職員 | | | | | | | | | | | | 介護職員 | | | | | | | 機能訓練指導員 | | | |
| 専従 | | | | 兼務 | | | | | | 専従 | | | | | | | | 兼務 | | | | 専従 | | | | 兼務 | | | 専従 | | | 兼務 |
| 常　勤（人） | | | | |  | | | |  | | | | | |  | | | | | | | |  | | | |  | | | |  | | |  | | |  |
| 非常勤（人） | | | | |  | | | |  | | | | | |  | | | | | | | |  | | | |  | | | |  | | |  | | |  |
| 基準上の必要人数（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 | 定員 | | | | 人（単位ごとの定員①　　人　②　　人　③　　人④　　人） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供時間 | | | | 平日 | | |  | | | | ～ | |  | | | | | | 土曜 | | | | |  | | ～ | |  | | 日･祝 | | |  | | ～ |  | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | 法定代理受領分 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業の実施地域 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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」については、本欄の記載を省略し、別添資料として添付して差し支えありません。