介護予防通所介護相当サービス事業者の指定に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事　業　所 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | (〒　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | FAX番号 | | | | |  | | | | | | | | | | | | | |
| E-mailアドレス | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | (〒　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | |
| 名　前 | |  | | | | | | | | | | | | | | | | | | |
| 生年月日 | |  | | | | | | | | | | | | | | | | | | |
| 当該事業所で兼務する他の職種(兼務の場合記入) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 兼務する同一敷地内の  他の事業所又は施設  (兼務の場合記入) | | | | | | | | | | 事業所等名称 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 実施単位数　　　単位 | | | | | | 同時に通所（療養）介護，介護予防通所介護，介護予防通所介護相当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 | | |
| 従業者の職種・員数（単位別） | | | | | | | | | | | | 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) | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |  | | |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | |
| 主 な 掲 示 事 項 | 定 員 | | | 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 | | | |  | | | | ～ | |  | | | | | | 日曜・祝日 | | | |  | | | ～ |  |
| サービス提供時間 | | | 平日 | | | |  | | | | | | | ～ | | | |  | | | | | 土曜 | | | |  | | | | ～ | |  | | | | | | 日曜・祝日 | | | |  | | | ～ |  |
| 利 用 料 | | | 法定代理受領分 | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護報酬告示上の額の１割又は２割  （負担割合証の割合に準ずる） | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | | | | | 介護報酬告示上の額 | | | | | | | | | | | | | | | | | |
| その他の費用 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  実施地域 | | |  | | | | | | | | | | | | | ② | | | | | | | | | | | | ③ | | | | | | | | | | ④ | | | | | | ⑤ | | | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添 付 書 類 | | | | 別　添　の　と　お　り | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　１　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すること。

２　本事業所内で複数の単位を実施する場合にあっては，２単位目以降に係る利用定員及び単位別従業者

　の職種・員数については，付表２-１（別紙）に記載し添付すること。

３　本事業所の所在地以外の場所で本事業の一部を実施するときは，付表２-２に必要事項を記載の上，

　添付すること。

４　「主な掲示事項」については，本欄の記載を省略し，別添として差し支えない。