**付表１　　　　訪問型サービス事業所の指定に係る記入事項**

|  |  |
| --- | --- |
| 受付番号 | ※ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | （郵便番号　　　　　 － 　　　　　　　）  都　道 　　郡　市  府　県 　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 直通連絡先 | | | 直通電話番号 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | | |  | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | |
| 当該訪問介護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 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 事業開始時の利用者の推定数 | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 主なサービス  提供責任者 | | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　　　　 － 　　　　　　　） | | | | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | |
|
| フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　　　　 － 　　　　　　　） | | | | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 従業者 |  | | | | | | | | | | | | | | | 訪問介護員等 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 専従 | | | | | | | | | | | | | | 兼務 | | | | | | | | | |
| 常勤（人） | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| 非常勤（人） | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| **常勤換算後の人数（人）** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 基準上の必要人数（人） | | | | | | | | | | | | | | | ※ | | | | | | | | | | | | | | | | | | | | | | | |
| 適合の可否 | | | | | | | | | | | | | | | ※ | | | | | | | | | | | | | | | | | | | | | | | |
| 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・祝日 | | |  | | ～ |  |  | | |
| 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  実施地域 | | | | ① | | | | | | | | | | | | | ② | | | | | | | | | ③ | | | | | | | | | | ④ | | | | | | ⑤ | | | |  | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　備考　　１　※印欄には、記入しないでください。

　　　　　　２　「利用料」欄及び「その他の費用」欄は、別に資料を添付することにより、記入を省略することができます。

　　　　　　３　出張所等がある場合は、出張所等の所在地及びサービス提供に当たる訪問介護員の人数を別に記入し、添付して

　　　　　　　　ください。

　　　　　　４　記入欄が不足する場合は、適宜欄を設けて記入するか、又は別に記入した書類を添付してください。