|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 通所型サービス事業所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 | | | | | | | |  | | | | | | | |
| 当該事業の実施について定めてある定款･寄附行為の条文 | | | | | | | | | | | | | 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(兼務の場合記入) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （有・無） | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | 事業所の名称 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 実施単位数　　　単位 | | | | | ①当該事業所で同時に通所介護サービス及び従前相当サービスを行う  利用者の上限　（　　　　）人  ②当該事業所で同時に通所型サービスＡを行う利用者の上限 （ ） 人  　上記①と②の合計人数　（　　　　　　）人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従事者の職種・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 | | | | | 病院・診療所・訪問看護ステーションとの連携の有無 | |
| 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） | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | 有 ・ 無 | |
| ※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　　　　　　　　㎡以上 | | | | | | | | | | | | | | | | | | | | | |
| 主 な 掲 示 事 項 | 利用定員 | | | 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 | | | | | | | | | | | | | | | | | | | 国分寺市介護予防・日常生活支援総合事業実施規則別表第３に定める額 | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | 上記規則別表第２に定める額から別表第３に定める額を除した額 | | | | | | | | | | | | | | | | | | | | | | | | |
| 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，別様に記載した書類を添付すること。

２　「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。