担当者名：

連 絡 先：

地域密着型通所介護事業所の指定に係る記載事項

|  |
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| （その１）　（１単位） |

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| 事業所 | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | (郵便番号　　　―　　　)  　　　　　　　　県　　　　　市 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 |  | | | | | | | | | | | | | FAX番号 | | | |  | | | | | |
| Email |  | | | | | | | | | | | | | | | | | | | | | | |
| 通所介護事業の形態 | | | | | | | □ 一般　　　□ 療養通所介護　　　□ 共生型地域密着型通所介護 | | | | | | | | | | | | | | | | | | | | |
| 管理者 | フリガナ |  | | | | | | | | | 住所 | | | | (郵便番号　　　　―　　　　) | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | |
| 生年月日 |  | | | | | | | | |
| 当該地域密着型通所介護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) | | | | | 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 | | | | | 同時に通所介護の提供を受けることができる利用者の上限 | | | | | | | | | | | | | | | | | | 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 | | | |
| 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 | | | | |
|  | | | | | m2 | | | | | | | | | m2以上 | | | | | | | | |  | | | | |
| 主な掲示事項 | 営業日 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 営業時間 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供時間 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 利用定員 | | | | 人 | | | | | | | | | | | | | | | | | | | | | | |
| 食事の提供に要する費用 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 直近の運営推進会議の実施日 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |

備考　1　「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　従業者の員数については、総数を記載してください。出張所等がある場合については、当該出張所に従事する従業者の員数との合計数を記載してください。

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| （その２）　（２単位目以降） |

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| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | |
| ２　単　位　目 | 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 | | | | |
| 専従 | 兼務 | | | 専従 | | | 兼務 | | | 専従 | | | 兼務 | | | 専従 | | | 兼務 | |
|  | 常勤(人) (人) | | |  |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 非常勤(人) | | |  |  | | |  | | |  | | |  | | |  | | |  | | |  | | |
| 基準上の必要人員(人) | | |  | | | |  | | | | | |  | | | | | |  | | | | | |
| 適合の可否 | | |  | | | |  | | | | | |  | | | | | |  | | | | | |
| 主な掲示事項 | 営業日 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 営業時間 | |  | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供時間 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 利用定員 | | 人 | | | | | | | | | | | | | | | | | | | | | | |
| ３　単　位　目 | 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 | | | |
| 専従 | | 兼務 | | | 専従 | | | 兼務 | | | 専従 | | | 兼務 | | | 専従 | | 兼務 | |
|  | 常勤(人) (人) | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| 非常勤(人) | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| 基準上の必要人員(人) | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| 適合の可否 | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| 主な掲示事項 | 営業日 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 営業時間 | |  | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供時間 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 利用定員 | | 人 | | | | | | | | | | | | | | | | | | | | | | |
| ４　単　位　目 | 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 | | | |
| 専従 | | 兼務 | | | 専従 | | | 兼務 | | | 専従 | | | 兼務 | | | 専従 | | 兼務 | |
|  | 常勤(人) (人) | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| 非常勤(人) | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
| 基準上の必要人員(人) | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| 適合の可否 | | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| 主な掲示事項 | 営業日 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 営業時間 | |  | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供時間 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 利用定員 | | 人 | | | | | | | | | | | | | | | | | | | | | | |