**付表１**

**介護予防訪問介護相当サービス・訪問型サービスＡ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　　　　－　　　　)  　　　　朝霞市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |  | | | | | | | | | | | | | | | | | |
| 申請に係る事業所で兼務する他の職種（兼務する場合のみ記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 兼務する同一敷地内の他の事業所又は施設（兼務の場合のみ記入してください。） | | | | | | | | | | | 事業所又は施設の名称 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 兼務する職種及び  勤務時間等 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| サービス  提供責任者 | | フリガナ | | | |  | | | | | | | | | | | | | | 住所 | | | | (郵便番号　　　　－　　　　) | | | | | | | | | | | | | | | | | | | 常勤・非常勤 | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | 専従・兼務 | | | |
| フリガナ | | | |  | | | | | | | | | | | | | | 住所 | | | | (郵便番号　　　　－　　　　) | | | | | | | | | | | | | | | | | | | 常勤・非常勤 | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | 専従・兼務 | | | |
| 従業者の職種・員数 | | | | | | | 訪問介護員等（サービス提供責任者を含む） | | | | | | | | | | | | | | | | | | | | | | | | | | | サービス提供責任者 | | | | | | | | | | | | |
| 専従 | | | | | | | | | | | | 兼 務 | | | | | | | | | | | | | | | 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　「基準上の必要人数」「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。

　　　　４　出張所等がある場合、出張所等の所在地、サービス提供に当たる訪問介護員の人数を別様にして記載して

ください。