**付表２**

**介護予防通所介護相当サービス・通所型サービス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 | |  | | | | | | | | | | | | | | | | | | |
| 当該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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 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） | | | | | | 事業所等名称 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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数の上限 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | |
| 単位別従業者 | |  | | | 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） | | |  | | | | |  | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | |  | | |  | | | | |
| 基準上の必要人数（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 | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | ㎡　以上 | | | | | | | | | | | | |  | | | | | |
| 主な掲示事項 | | 利用定員 | | | 介護予防通所介護相当サービス | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | |  | | | | | |
| 通所型サービスＡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | | | |  | | | | ～ |  | | |
| 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」「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　「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　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、別紙に記載し添付してください。