**付表９－１　地域密着型通所介護事業所・介護予防通所介護事業所の指定に係る**

**記載事項**

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| 受付番号 |  |

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| 事　業　所 | | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | （郵便番号　　　－　　　　）  　熊本市　　　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | |  | | | | | | | | | | | | | | | | | | | FAX番号 | | | | |  | | | | | | | | |
| ｅ－mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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） | | | | 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 | | | | | | 同時にサービス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 | 職種 | | | | | 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 | 定員 | | | | 人（単位ごとの定員①　　人　②　　人　③　　人④　　人） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業日 | | | | 日 | | 月 | | 火 | | 水 | | 木 | | | | | 金 | | | 土 | | | | 祝 | その他年間の休日 | | | | | | |  | | | | | |
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| 営業時間 | | | | 平日 | | |  | | | ～ | |  | | | | | | | 土曜 | | | | |  | | ～ | |  | | 日･祝 | | |  | | ～ |  | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供時間 | | | | 平日 | | |  | | | | ～ | |  | | | | | | 土曜 | | | | |  | | ～ | |  | | 日･祝 | | |  | | ～ |  | |
| 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 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業の実施地域 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考 １　「受付番号」「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　機能訓練指導員については、生活相談員又は看護職員若しくは介護職員と兼務しない場合にのみ記載してください。

４　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。

５　当該指定地域密着型サービス以外のサービスを実施する場合には､当該指定地域密着型サービス部分とそれ以外のサービス部分の料金の状況が分かるような料金表を提出してください｡

**付表９－１（別紙）　地域密着型通所介護事業所・介護予防通所介護事業所の指定**

**に係る記載事項（２単位目以降）**

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| 受付番号 |  |

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| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 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 | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | 月 | | | | | 火 | | | 水 | | | | | | 木 | | | 金 | | | | | | | 土 | | | 祝 | | | | その他年間の休日 | | | | | | | | | | |  | | | | | | | | | | | |
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| サービス提供時間 | | 平日 | | | |  | | | | | | ～ | | | | | |  | | | | | | | 土曜 | | | | |  | | | | | | ～ | | |  | | 日･祝 | | | | |  | | | | | ～ | |  | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 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 | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | | 月 | | | | | 火 | | | 水 | | | | | | 木 | | | 金 | | | | | | | 土 | | 祝 | | | | | その他年間の休日 | | | | | | | | | |  | | | | | | | | | | | |
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| サービス提供時間 | | 平日 | | | | |  | | | | | | ～ | | | | | |  | | | | | | | 土曜 | | | | |  | | | | | | ～ | | |  | | 日･祝 | | | | |  | | | | | ～ | |  | | |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 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 | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | | | 月 | | | | | 火 | | | 水 | | | | | | 木 | | | 金 | | | | | | | 土 | | 祝 | | | | その他年間の休日 | | | | | | | | | |  | | | | | | | | | | | |
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| サービス提供時間 | | 平日 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |