附表２

通所型サービス事業者の指定に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | | （　　）　 － | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | | | | | | | | （　　）　 － | | | | | | | | |
| Ｅ－ｍａｉｌアドレス | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | （〒　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　　名 |  | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | |
| 当該事業所で兼務する他の職種 | | | | | | | | | | | | | | | | | | | （　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 | | | | | 同時に通所型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 | | | | | | | | | |
| 従業者の職種・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 | | | | | | |  | | | |
| 専従 | | | | | | 兼務 | | | | 専従 | | | | | 兼務 | | | | | 専従 | | | | 兼務 | | 専従 | | | 兼務 | | | |  | |  | |
|  | 常勤（人） | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | |  | | | |  | |  | |
| 非常勤（人） | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | |  | | | |  | |  | |
| 食堂及び機能訓練室の合計面積 | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |  | | | | |
|  |  | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | |
| 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 | | | | | | | | | | | | | | | 介護サービスを受けるときに支払う金額は、介護サービスに要した費用に別途介護保険負担割合証に示された割合 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | 介護報酬告示上の額又は町が定めた額 | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  実施地域 | | ① | | | | | | | ② | | | | | | | | | | | | ③ | | | | | | | | | | ④ | | | | | | ⑤ | | | | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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又は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。