**付表９**

**地域密着型通所介護（療養通所介護）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　　　－　　　　）**  **都道　　　　　市区**  **府県　　　　　町村** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **連絡先** | | **電話番号** | | | | | | | **（内線）** | | | | | | | | | | | | | **ＦＡＸ番号** | | | |  | | | | | |
| **Ｅ－ｍａｉｌ** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **管　理　者** | **フリガナ** | | | |  | | | | | | | | | | | | **住所** | | **（郵便番号　　　－　　　　）** | | | | | | | | | | | | | | |
| **氏名** | | | |  | | | | | | | | | | | |
| **生年月日** | | | | **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）** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **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** | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **○設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **食堂及び機能訓練室の合計面積** | | | | | | | | | | | | | | **㎡** | | | | | | | **利用定員（同時利用）** | | | | | | | | | | **人** | | |
| **サービス提供単位１** | **〇人員に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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）** | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  |
| **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **営業日（該当するものに○）** | | | | | **日曜日** | | | | **月曜日** | | | | | **火曜日** | | | **水曜日** | | | | **木曜日** | | | **金曜日** | | | | **土曜日** | | | **祝　日** | |
|  | | | |  | | | | |  | | |  | | | |  | | |  | | | |  | | |  | |
| **その他（年末年始休日等）** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **営業時間** | | | | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
|  | | **曜日ごとに異なる場合に記入** | | | | **平　日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **土曜日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **日曜日・祝日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **サービス提供時間** | | | | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **利用定員** | | | | | | | | | | | | **人** | | | | | | | | | | | | | | | | | | | | |
|  | **〇人員に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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）** | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  |
| **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **営業日（該当するものに○）** | | | | | **日曜日** | | | | **月曜日** | | | | | **火曜日** | | | **水曜日** | | | | **木曜日** | | | **金曜日** | | | | **土曜日** | | | **祝　日** | |
|  | | | |  | | | | |  | | |  | | | |  | | |  | | | |  | | |  | |
| **その他（年末年始休日等）** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **営業時間** | | | | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
|  | | **曜日ごとに異なる場合に記入** | | | | **平　日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **土曜日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **日曜日・祝日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **サービス提供時間** | | | | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **利用定員** | | | | | | | | | | | | **人** | | | | | | | | | | | | | | | | | | | | |
| **サービス提供単位３** | **〇人員に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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）** | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | |  | | |  |
| **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **営業日（該当するものに○）** | | | | | **日曜日** | | | | **月曜日** | | | | | **火曜日** | | | **水曜日** | | | | **木曜日** | | | **金曜日** | | | | **土曜日** | | | **祝　日** | |
|  | | | |  | | | | |  | | |  | | | |  | | |  | | | |  | | |  | |
| **その他（年末年始休日等）** | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **営業時間** | | | | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
|  | | **曜日ごとに異なる場合に記入** | | | | **平　日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **土曜日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **日曜日・祝日** | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **サービス提供時間** | | | | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | | | | | | | | | | |
| **利用定員** | | | | | | | | | | | | **人** | | | | | | | | | | | | | | | | | | | | |
| **添付書類** | | | | | | | | | **別添のとおり** | | | | | | | | | | | | | | | | | | | | | | | | |

**サービス提供単位２**

**（地域密着型通所介護事業を事業所所在地以外の場所で一部実施する場合）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **事　業　所** | | **フリガナ** | |  | | | | | | | | | | | | | | | | | |
| **名称** | |  | | | | | | | | | | | | | | | | | |
| **所在地** | | **（郵便番号　　　－　　　　）**  **都道　　　　　市区**  **府県　　　　　町村** | | | | | | | | | | | | | | | | | |
| **連絡先** | | **電話番号** | | | | | **（内線）** | | | | | | | **ＦＡＸ番号** | |  | | | |
| **Ｅ－ｍａｉｌ** | | | | |  | | | | | | | | | | | | |
| **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | |
| **食堂及び機能訓練室の合計面積** | | | | | | | | | | | **㎡** | | | **利用定員（同時利用）** | | | | | | **人** | |
|  | **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | |
| **営業日（該当するものに○）** | | | | **日曜日** | | | **月曜日** | | | | **火曜日** | **水曜日** | | **木曜日** | | **金曜日** | | **土曜日** | | **祝　日** |
|  | | |  | | | |  |  | |  | |  | |  | |  |
| **その他（年末年始休日等）** | | | | | | | |  | | | | | | | | |
| **営業時間** | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | |
|  | | **曜日ごとに異なる場合に記入** | | | **平　日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **土曜日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **日曜日・祝日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **サービス提供時間** | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **利用定員** | | | | | | | | | **人** | | | | | | | | | | | |
| **サービス提供単位２** | **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | |
| **営業日（該当するものに○）** | | | | **日曜日** | | | **月曜日** | | | | **火曜日** | **水曜日** | | **木曜日** | | **金曜日** | | **土曜日** | | **祝　日** |
|  | | |  | | | |  |  | |  | |  | |  | |  |
| **その他（年末年始休日等）** | | | | | | | |  | | | | | | | | |
| **営業時間** | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | |
|  | | **曜日ごとに異なる場合に記入** | | | **平　日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **土曜日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **日曜日・祝日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **サービス提供時間** | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **利用定員** | | | | | | | | | **人** | | | | | | | | | | | |
| **サービス提供単位３** | **〇設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | |
| **営業日（該当するものに○）** | | | | **日曜日** | | | **月曜日** | | | | **火曜日** | **水曜日** | | **木曜日** | | **金曜日** | | **土曜日** | | **祝　日** |
|  | | |  | | | |  |  | |  | |  | |  | |  |
| **その他（年末年始休日等）** | | | | | | | |  | | | | | | | | |
| **営業時間** | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | |
|  | | **曜日ごとに異なる場合に記入** | | | **平　日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **土曜日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **日曜日・祝日** | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **サービス提供時間** | | | | | | | | | **：　　　～　　　：** | | | | | | | | | | | |
| **利用定員** | | | | | | | | | **人** | | | | | | | | | | | |
| **添付書類** | | | | | | | **平面図** | | | | | | | | | | | | | | |

**サービス提供単位１**

**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、又は別葉に記載した書類を添付してください。**

**２　管理者の兼務については、添付資料にて確認可能な場合は記載を省略することが可能です。**

**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　当該事業を事業所所在地以外の場所（いわゆる出張所）で一部実施する場合は、下段の表に所在地等を記載してください。また、従業者については、上段の表に出張所に勤務する職員も含めて記載してください。**

**５　サービス提供時間は、送迎時間を除きます。**