付表１

介護予防訪問介護相当サービス事業者の指定に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | (〒　　　－　　　　) | | | | | | | | | | | | | | | | | | | |
| 名 前 | | | |  | | | | | | | | | | | | | | |
| 生年月日 | | | |  | | | | | | | | | | | | | | |
| 当該事業所で兼務する他の職種（兼務の場合記入） | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 兼務する同一敷地内の  他の事業所又は施設  (兼務の場合記入) | | | | | | | | | | 事業所等名称 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 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 | | | (〒　　　－　　　　) | | | | | | | | | | | | | |
| 名　前 | | | | |  | | | | | | | | | | | | | | | | |
| フリガナ | | | | |  | | | | | | | | | | | | | | | | | 住所 | | | (〒　　　－　　　　) | | | | | | | | | | | | | |
| 名　前 | | | | |  | | | | | | | | | | | | | | | | |
| 従 業 者 の 職 種 ・ 員 数 | | | | | | | | | | | | | | | 訪問介護員等 | | | | | | | | | | | | | | | | | | 利用者数(前3月の平均) | | | | | | | | |
| 専　従 | | | | | | | | | | 兼　務 | | | | | | | |  | 届出の前月　　　　　人 | | | | | |  | |
|  | | 常 　勤 　 (人) | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | 届出の前々月　　　　人 | | | | | |
| 非 常 勤 (人) | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | 届出の前々々月　　　人 | | | | | |
| 常勤換算後の人数(人) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 人 | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | 介護報酬告示上の額又は市が定めた額の１割又は２割（負担割合証の割合に準ずる） | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | 介護報酬告示上の額又は市が定めた額 | | | | | | | | | | | | | | | | |
| その他の費用 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  実施地域 | | | | ① | | | | | | | | | | ② | | | | | | | | ③ | | | | | | | ④ | | | | | | ⑤ | | | | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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。