付表１

訪問介護現行相当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 | | | （郵便番号　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 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・  連絡先 | | | | | | | （郵便番号　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | |  | | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | | 電話番号 | | | | | | | |  | | | | | | | | FAX番号 | | | | |  | | |
| 他の職務との兼務の状況（兼務がある場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 当該事業所内での他の職務との兼務 | | | | | 職種 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の職務との兼務 | | | | | 事業所又は施設の名称及び事業又は施設の種類 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種及び勤務時間 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供責任者 | フリガナ | |  | | | | | | | | | | | | | | | 住所 | | | | | | （郵便番号　　－　　　　） | | | | | | | | | | | | | | | | 資格 | | |  | | | |
| 氏　名 | |  | | | | | | | | | | | | | | |
| フリガナ | |  | | | | | | | | | | | | | | | 住所 | | | | | | （郵便番号　　－　　　　） | | | | | | | | | | | | | | | | 資格 | | |  | | | |
| 氏　名 | |  | | | | | | | | | | | | | | |
| フリガナ | |  | | | | | | | | | | | | | | | 住所 | | | | | | （郵便番号　　－　　　　） | | | | | | | | | | | | | | | | 資格 | | |  | | | |
| 氏　名 | |  | | | | | | | | | | | | | | |
| サービス提供人数 | | | | | | |  | | | | | | | | | | | | | | | | | | | 人 | | 前三月の平均値（新規の場合は推定人数を記入） | | | | | | | | | | | | | | | | | | |
| 従　業　者 |  | | | | | | 訪問介護員等 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 専　従 | | | | | | | | | | 兼　務 | | | | | | | | | | | | |
| 常勤（人） | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| 非常勤（人） | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| 常勤換算後の人数 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 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・祝 | | |  | | | | ～ |  |
| 備考　　サービス提供可能な時間（　　　　：　　　　～　　　　：　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | 法定代理受領分　　河南町介護予防・日常生活支援総合事業実施要綱上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外　　河南町介護予防・日常生活支援総合事業実施要綱上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | 運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | ① | | | | | | | | ② | | | | | | | | | | | | ③ | | | | | | | | | | ④ | | | | | | | ⑤ | | | | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　記入欄が不足する場合は、別に記入した書類を添付すること。