**付表　小規模多機能型居宅介護事業所・介護予防小規模多機能型居宅介護事業所の**

**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　　　－　　　）  　　　　　県　　　郡市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | （郵便番号　　　　－　　　　） | | | | | | | | | | | | | | | | |
| 氏　名 |  | | | | | | | | | | | |
| 生年月日 | 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） | | | | | | | | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 通いサービスの利用者数（推定数を記入） | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | |
| 登録定員 | | | 人 | | | | | | | 通いサービスの  利用定員 | | | | | | | | 人 | | | | | | | 宿泊サービスの  利用定員 | | | | | | 人 | | |
| 従業者の職種・員数 | | | | | | | | 介護従事者 | | | | | | | | うち看護職員 | | | | | | | | | | 介護支援専門員 | | | | | | |  |
| 専従 | | | | | 兼務 | | | 専従 | | | | | | 兼務 | | | | 専従 | | | 兼務 | | | |
|  | 常　勤（人） | | | | | | |  | | | | |  | | |  | | | | | |  | | | |  | | |  | | | |
| 非常勤（人） | | | | | | |  | | | | |  | | |  | | | | | |  | | | |  | | |  | | | |
| **常勤換算後の人数（人）** | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 基準上の必要人員（人） | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 適合の可否 | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 建築物構造概要 | 耐火構造物、準耐火構造物等の別 | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  |
| 居間及び食堂の合計面積 | | | | ㎡ | | | | | | | 基準上の  必要面積 | | | | | | | ㎡以上 | | | | | | | | 適合の可否 | | | | |  | |
| 個室以外の宿泊室の合計面積 | | | | | | | | | | | ㎡ | | | | | | | 宿泊サービスの利用定員から  個室の定員数を減じた数 | | | | | | | | | | | | | 人 | |
| 基準上の  必要面積 | | | | ㎡以上 | | | | | | | 適合の可否 | | | | | | |  | | | | | | | |  | | | | | | |
| 主な掲示事項 | 営業日 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 営業時間 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 登録定員 | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | | | | | | | 法定代理受領分（一割負担分） | | | | | | | | | | | | | | | | |  | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | |  | | | | | |
| 食事の提供に要する費用 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 宿泊に要する費用 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 協力医療機関 | | | | | | 名称 | | | | |  | | | | | | | | | | 主な診療科名 | | | | | | | | |  | | | |
| 名称 | | | | |  | | | | | | | | | | 主な診療科名 | | | | | | | | |  | | | |
| 運営推進介護の有無 | | | | | | | | | | | 有　・　無 | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | |

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| 備考 | 1「基準上の必要人数」「基準上の必要数値」「適合の可否」欄には、記入しないでください。 |