介護予防通所介護サービスを事業所所在地以外の場所で一部実施する場合の

記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一部事業施設数 | | | | | 施設 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 一部事業施設 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | (〒　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | | | |  | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | |  | | | | | | | | | | | |
| 同時に通所（療養）介護，介護予防通所介護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 | | | | | | | | | | | | 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 | | |  | | | | | ～ | |  |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一部事業施設 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | (〒　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | | | |  | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | |  | | | | | | | | | | | |
| 同時に通所（療養）介護，介護予防通所介護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 | | | | | | | | | | | | 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 | | |  | | | | ～ | | |  |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利 用 料 | | 法定代理受領分(一割又は二割又は三割負担分) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  実施区域 | | 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。

添付書類　一部事業施設の平面図（設備，備品概要を含む）