付表１－２

介護予防訪問介護相当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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | (郵便番号　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | | |  | | | | | | | | | FAX番号 | | | | |  | | | | |
| E-mailアドレス | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 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。