付表２－２

介護予防通所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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業施設数 | | | 施設 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 事業施設 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　 称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | (郵便番号　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | | | | | | | |  | | | | | | | | | | | | FAX番号 | | | | |  | | | | | | | | | | | |
| 同時に通所介護(通所介護相当サービス)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 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 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。

３　一部実施する施設の平面図及び設備の概要を記載した書類を添付すること。