付表５　地域密着型特定施設入居者生活介護事業所の指定に係る記載事項

|  |  |  |
| --- | --- | --- |
|  | 受付番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | （郵便番号　　　―　　　）  　　　　　県　　　郡市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| 施設の区分 | | | | | 有料老人ホーム | | | | | | | | | |  | | | | | | | 施設開設年月日 | | | | | | | | | | |  | | | | | | | | | |
| 軽費老人ホーム | | | | | | | | | |  | | | | | | | 施設開設年月日 | | | | | | | | | | |  | | | | | | | | | |
| 高齢者専用賃貸住宅 | | | | | | | | | |  | | | | | | | 施設開設年月日 | | | | | | | | | | |  | | | | | | | | | |
| 管理者 | | | フリガナ | | |  | | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　　―　　　） | | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | | | | |
| 当該特定施設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  （兼務の場合記入） | | | | | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | 事業所番号 | | | | | |  | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 利用者数  （推定数を記入） | | | | | | | | | | 人 | | | | | | | | | | | （前年の平均値、新規の場合は推定数を記入） | | | | | | | | | | | | | | | | | | | | | |
| 要介護者 | | | | | | 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 | | | | | | | 計画作成担当者 | | |  |
| 専従 | | | | 兼務 | | | 専従 | | | 兼務 | | | | 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) | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| 基準上の必要人数(人) | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| 適合の可否 | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| 主な掲示事項 | | | | 入居定員 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居室数 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | | | 法定代理受領分(一割負担分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 協力医療機関 | | | | 名称 | | | |  | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | |  | | | | | | | |
| 名称 | | | |  | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | |  | | | | | | | |
| 名称 | | | |  | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | |  | | | | | | | |
| 建物構造概要 | | | | 耐火建築物、準耐火建築物等の別 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 介護居室の | | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | 適合の可否 | | | | |
| １室の最大定員 | | | | | | | 人 | | | | | | | | | | | | | | | 人以下 | | | | | | | | | | | |  | | | | |
| 運営推進会議の有無 | | | | | | | | | 有　・　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

　　　２　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してください。

　　　３　「協力歯科医療機関」がある場合は、「協力医療機関」欄に併せて記載してください。

　　　４　当該指定地域密着型サービス以外のサービスを実施する場合には､当該指定地域密着型サービス部分とそれ以外のサービス部分の料金状況が分かるような料金表を提出してください。