**付表　　　　居宅介護支援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 | | | （〒　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | |  | | | | | | | | | | | | | | FAX番号 | | |  | | | | | | |
| 当該事業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 | （〒　　　－　　　　） | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | |
| 当該事業において兼務する場合の他の職種 | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 同一敷地内の他の事業所・  施設において兼務する場合 | | | | | | | | | 事業所等名称 | | | | | |  | | | | | | | | | | | |
| 兼務する職種 | | | | | |  | | | | | | | | | | | |
| 介護支援専門員の員数 | | | | | | | 専従 | | | | | | 兼務 | | | | | 事業開始時の利用者の予定数 | | | | | | | | 人 | |
|  | 常勤（人） | | | | | |  | | | | | |  | | | | |  | | | | | | | | | |
| 非常勤（人） | | | | | |  | | | | | |  | | | | |
| 介護支援専門員一覧 |  | フリガナ | | | | | | | 介護支援専門員番号 | | | | | | | | | ⑤ |  | | | | |  | | | |
| 氏名 | | | | | | | 修了証交付元 | | | | | | | | |  | | | | |  | | | |
| ① |  | | | | | | |  | | | | | | | | | ⑥ |  | | | | |  | | | |
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| ② |  | | | | | | |  | | | | | | | | | ⑦ |  | | | | |  | | | |
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| ③ |  | | | | | | |  | | | | | | | | | ⑧ |  | | | | |  | | | |
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| ④ |  | | | | | | |  | | | | | | | | | ⑨ |  | | | | |  | | | |
|  | | | | | | |  | | | | | | | | |  | | | | |  | | | |
| 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 | | | | | | | 日曜日・祝日 | | | | 備考 | | | | | | | |
| ～ | | | | | ～ | | | | | | | ～ | | | |
| 利用料（法定代理受領分以外） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  の実施地域 | | | | ① | | | | | | ② | | | | | | ③ | | | | | ④ | | | | | ⑤ |
| 備考 | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | |

注１「受付番号」欄は、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別様に記載した書類を添付してください。