**付表　　　　指定居宅介護支援事業者の記入事項**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | （郵便番号　　　　　 － 　　　　　　　）  都　道 　　郡　市  府　県 　　区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 直通連絡先 | | 直通電話番号 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | |
| 管理者 | フリガナ |  | | | | | | | | | | | | | | | | | 住所 | | | | | （郵便番号　　　　　 － 　　　　　　　） | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | | | | | | |
| 当該居宅介護支援事業所で兼務する他の職種（兼務の場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 兼務する同一敷地内の  他の事業所又は施設  （兼務の場合のみ記入） | | | | | 事業所等名称 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 事業開始時の利用者の予定数 | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 従業者 |  | | | 介護支援専門員 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 専従 | | | | | | | | | | | 兼務 | | | | | | | |
| 常勤（人） | | |  | | | | | | | | | | |  | | | | | | | |
| 非常勤（人） | | |  | | | | | | | | | | |  | | | | | | | |
| 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 | | | | |  | | | ～ | |  | | | 日祝 | | |  | | | ～ |  |
| 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　「従業者」欄に記載した介護支援専門員全員分の名簿を添付してください。

　　　　　　２　記入欄が不足する場合は、適宜欄を設けて記入するか、又は別に記入した書類を添付してください。

　添付書類

　　　　１　従業者の勤務体制及び勤務形態一覧表

　　　　２　事業所（施設）の管理者経歴書

　　　　３　介護保険法第79条第２項各号に該当しないことを誓約する書面

　　　　４　介護支援専門員の氏名及びその登録番号