付表１　第1号事業者（訪問型サービス）の記載事項

|  |  |
| --- | --- |
| 受付番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | （郵便番号　　　　―　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | |  | | | | | |
| E-mailアドレス | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者 | フリガナ | |  | | | | | | | | | | | | | | | | | | | 住 所 | | | | （郵便番号　　　　－　　　　　） | | | | | | | | | | | | | | | | | |
| 氏　　名 | |  | | | | | | | | | | | | | | | | | | |
| 生年月日 | |  | | | | | | | | | | | | | | | | | | |
| 当該事業所で兼務する他の職種（兼務の場合のみ記載） | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 兼務する同一敷地内の他の事業所又は施設（兼務の場合のみ記載） | | | | | | | | | | 事業所等の名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 兼務する職種及び勤務時間等 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 主なサービス提供責任者 | | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | 住所 | | | | | （郵便番号　　　－　　　　　） | | | | | | | | | | |
| 氏　　名 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | 住所 | | | | | （郵便番号　　　－　　　　　） | | | | | | | | | | |
| 氏　　名 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 従業者 | 区　　　　分 | | | | | | | | | | | | | 訪問介護員等 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 専従 | | | | | | | | | | | | | 兼務 | | | | | | | | | | |
| 常勤（人） | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |
| 非常勤（人） | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | 前３月の平均利用者数  （新規申請は推定数） | | | | | |
| 常勤換算後の人数（人） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 基準上の必要人数（人） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | |
| 適合の可否 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | |  | | ～ |  | |
| サービス提供時間 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　「受付番号」欄、「基準上の必要人数（人）」欄及び「適合の可否」欄には、記載しないでください。

2　「営業日」欄には、該当する欄に○印を記載してください。

3　「利用料」欄及び「その他の費用」欄は、別に資料を添付することにより、記載を省略することができます。

4　出張所等がある場合は、出張所等の所在地及びサービス提供に当たる訪問介護員の人数を別に記載し、添付してください。

5　記載する欄が不足する場合は、適宜欄を設けて記載するか、又は別葉としてください。