**付表６　地域密着型介護老人福祉施設入所者生活介護事業者の指定に係る記載事項**

|  |  |
| --- | --- |
| 受付番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 施　設 | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | (郵便番号　　　　－　　　　)  　　　　　　県　　　　　　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 | | | | | | | | | | | |
| 管理者 | フリガナ | | | | |  | | | | | | | | | | | 住所 | | | (郵便番号　　　－　　　) | | | | | | | | | | | | | | | | | |
| 氏 名 | | | | |  | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | |
| 同一敷地内の他の事業所、施設又は本体施設の従業者との兼務  (兼務の場合のみ記入) | | | | | | | | | | | | 名称 | | | |  | | | | | | | | | | | | | | | 事業所番号 | | |  | | |
| 兼務する職種  及び勤務時間 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 本体施設 | | | | 有　・　無 | | | | | | | | 名称、定員  （有の場合のみ） | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 併設事業所 | | | | 有　・　無 | | | | | | | | 名称、定員  （有の場合のみ） | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 入所者数（推定数を記入） | | | | | | | | | | | | 人 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 従業者の職種・員数 |  | | | | | | | | | | | 医　　師 | | | | | | 生活相談員 | | | | | | | | | | | 介護職員 | | | | | 看護職員 | | | |
| 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 | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | 栄養士 | | | | | | 機能訓練指導員 | | | | | | | | | | | 介護支援専門員 | | | | |  | | | |
| 専従 | | | | 兼務 | | 専従 | | | | | | | 兼務 | | | | 専従 | | | | 兼務 |
| 常　勤(人) | | | | | | | | | | |  | | | |  | |  | | | | | | |  | | | |  | | | |  |
| 非常勤(人) | | | | | | | | | | |  | | | |  | |  | | | | | | |  | | | |  | | | |  |
| 基準上の必要人数（人） | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | |
| 適合の可否 | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | |
| 事業所の職員数 | | | | | | | | | | | 常勤職員　　　　　人 | | | | | | | | | | | | 非常勤職員　　　　人 | | | | | | | | | |
| 設　備 |  | | | | | | | | | | | | | | | | | | | | | | 基準上の必要値 | | | | | | | | 適合の可否 | | |  | | | |
| 居室 | １室の最大定員 | | | | | | | | | | | | 人 | | | | | | | | | 人以下 | | | | | | | |  | | |
| 入所者１人あたりの最小床面積 | | | | | | | | | | | | ㎡ | | | | | | | | | ㎡ | | | | | | | |  | | |
| 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | ㎡ | | | | | | | | | ㎡ | | | | | | | |  | | |
| 廊下 | 片廊下の幅 | | | | | | | | | | | | ｍ | | | | | | | | | ｍ | | | | | | | |  | | |
| 中廊下の幅 | | | | | | | | | | | | ｍ | | | | | | | | | ｍ | | | | | | | |  | | |
| ユニット型の場合 | | | | | | | | ユニット | | | | | | | | | | | | | | ① | | | | | | | ② | | | | | | ③ | |
| 定員（人） | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 共同生活室（㎡） | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 運営事項  (主な  掲示事項) | | 入所定員 | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |  | | | | | | | | | |
| 運営推進会議の有無 | | | | | | | | | | 有　　・　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（注意）

１　「受付番号」「基準上の必要人数」「基準上の必要値」「適合の可否」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、又は別に記載した書類を添付してください。

３　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の状況が分かるような料金表を提出してください。