**付表６　地域密着型介護老人福祉施設入所者生活介護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　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 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等 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 本体施設の有無 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 併設事業所の有無 | | | | | | | | | | | |  | | | | 併設事業所の名称、定員 | | | | | | | | | | | | | |  | | | | | | | | |
| 短期入所生活介護の実施の有無 | | | | | | | | | | | |  | | | | 事業の実施形態 | | | | | | | | | | 空床型・併設型 | | | | | | | | | | | | |
| 入居者数(推定数を記入) | | | | | | | | | | 人 | | | | | | 短期入所利用者数(併設型の場合) | | | | | | | | | | | | | | | | | 人(推定数を記入) | | | | | |
| 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 |
|  | | 地域密着型介護老人福祉施設及び短期入所生活介護従事人数 | | | | | | 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 | | | | | | | 栄養士を配置しない場合の措置 | | |
| 専従 | | 兼務 | | | 専従 | | | | | 兼務 | | | | 専従 | | | | | 兼務 | |
|  | 地域密着型介護老人福祉施設及び短期入所生活介護従事人数 | | | | | | | | 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 | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |
| 設備基準上の数値記載項目等 | | | | | | | | | | | | | 地域密着型介護老人福祉施設 | | | | | | | | | | | | | | | 短期入所生活介護 | | | | | | | | | | |
|  | | | 基準上の必要値 | | | | | | | | 適合の可否 | | | |  | | | | 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 | | | | | | | |  | | | | 人 | | | | 人以下 | | | | |  | |
| 入所者1人あたりの最小床面積 | | | | | | | | | | m2 | | | m2 | | | | | | | |  | | | | m2 | | | | m2 | | | | |  | |
| 食堂と機能訓練室の合計面積 | | | | | | | | | | | | m2 | | | m2 | | | | | | | |  | | | | m2 | | | | m2 | | | | |  | |
| 廊下 | | 片廊下の幅 | | | | | | | | | | m | | | m | | | | | | | |  | | | | m | | | | m | | | | |  | |
| 中廊下の幅 | | | | | | | | | | m | | | m | | | | | | | |  | | | | m | | | | m | | | | |  | |
| 主な掲示事項 | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | 入所(利用)定員 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | 人 | | | | | | | | | | |
| 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 | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | 別添６のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　備考　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。