**付表５　地域密着型特定施設入居者生活介護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 | | | | | (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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 施設の区分 | | | 有料老人ホーム | | | | | | | | | | | | | | |  | | | | | 施設開設年月日 | | | | | | | | |  | | | | | | | | |
| 軽費老人ホーム | | | | | | | | | | | | | | |  | | | | | 施設開設年月日 | | | | | | | | |  | | | | | | | | |
| サービス付き高齢者向け住宅 | | | | | | | | | | | | | | |  | | | | | 施設開設年月日 | | | | | | | | |  | | | | | | | | |
| 管理者 | | フリガナ | | |  | | | | | | | | | | | | | | 住所 | | | | | (郵便番号　　　　　　　　) | | | | | | | | | | | | | | | | |
| 氏名 | | |  | | | | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | | | |
| 当該特定施設で兼務する他の職種(兼務の場合のみ記入) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の従業者との兼務(兼務の場合記入) | | | | | | | | | | 名称 | | |  | | | | | | | | | | | | | | | 事業所番号 | | | | | |  | | | | |
| 兼務する職種及び勤務時間等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 利用者数(推定数を記入) | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要介護者 | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | |
| 従業者の職種・員数 | | | | | | | | 生活相談員 | | | | | | | | 看護職員 | | | | | | | | | | | 介護職員 | | | | | | | 機能訓練指導員 | | | | | 計画作成担当者 | |
| 専従 | | | | | 兼務 | | | 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 | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | |  | |
| 主な掲示事項 | 入居定員 | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居室数 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  | | | | | | | |
| 建物構造概要 | | | | 耐火建築物、準耐火建築物等の別 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 介護居室の1室の最大定員 | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | 適合の可否 | | | |
|  | | | | | | | 人 | | | | | | | | | | | | | | 人以下 | | | | | | | | | | | |  | | | |
| 運営推進会議の有無 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | | 別添５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。