付表　　居宅介護支援事業者の指定に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | |  | | | | |
| 管理者 | フリガナ |  | | | | | | | | | | | | | | | 住所 | | | （郵便番号　　　　－　　　） | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | | | | |
| 介護支援専門員登録番号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |  | | | | | | | | | | | | |
| 利用者数（新規申請時は推定数） | | | | | | | | | | | | 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 | | | |  | | | | ～ | |  | | | 日曜・祝日 | | |  | | ～ |  |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | 法定代理受領分 | | | | | | | | | | | | なし | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | 介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | ① | | | | | | | | | ② | | | | | | | | | | ③ | | | | | | | ④ | | | | | ⑤ | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

１　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葉に記載した書類を添付してください。

２　介護保険法施行規則第１３２条第１項各号に掲げる事項（この申請書に記載した事項を除く。）を記載した書類を添付してください。