**付表３－１　小規模多機能型居宅介護事業所・介護予防小規模多機能型居宅介護事業所**

**の指定に係る記載事項**

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| 受付番号 |  |

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| 事　業　所 | | フリガナ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | （郵便番号　　　－　　　）  　　　　　県　　　郡市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 連絡先 | | | | | | | 電話番号 | | | | | |  | | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | |  | | | | | | | | | |
| 併設  施設等 | | | | 種別 | |  | | | | | | | | | | | | | | 名称 | | |  | | | | | | | | | | | | | | | 事業所番号 | | | | | | | |  | | | | |
| 管　理　者 | フリガナ | | | | | |  | | | | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | | |  | | | | | | | | | | | | | | | | |
| 生年月日 | | | | | |  | | | | | | | | | | | | | | | | |
| 当該小規模多機能型居宅介護事業所で兼務する他の職種（兼務の場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 併設する施設等の従業者との兼務（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 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| 通いサービスの利用者数（推定数を記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | |
| 登録定員 | | | | | 人 | | | | | 通いサービスの利用定員 | | | | | | | | | | | | | | | | 人 | | | | | | | 宿泊サービスの利用定員 | | | | | | | | | | | | | | | | 人 | |
| 従業者の職種・員数 | | | | | | | | | | | | | | 介護従業者 | | | | | | | | | | | うち看護職員 | | | | | | | | | | | 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） | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | |
| **常勤換算後の人数（人）** | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 基準上の必要人数（人） | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 適合の可否 | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 建物構造概要 | 耐火構造物、準耐火構造物等の別 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居間及び食堂の合計面積 | | | | | | | | | | | ㎡ | | | | | | | 基準上の必要面積 | | | | | | | | | | | | | ㎡以上 | | | | | | | | 適合の可否 | | | | | | | |  | | |
| 個室以外の宿泊室の合計面積 | | | | | | | ㎡ | | | | | 宿泊サービスの利用定員から個室の定員数を減じた数 | | | | | | | | | 人 | | | | | | | 基準上の必要数値 | | | | | | ㎡以上 | | | | | | | | | 適合の可否 | | | | | |  |
| 主な掲示事項 | | | 営業日 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業時間 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 登録定員 | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通いサービスの利用定員 | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 宿泊サービスの利用定員 | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食事の提供に要する費用 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 宿泊に要する費用 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　１　「受付番号」「基準上の必要人数」「基準上の必要数値」「適合の可否」欄には、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様に記載した書類を添付してください。

３　「併設施設等」欄には、指定認知症対応型共同生活介護事業所、指定地域密着型特定施設、指定地域密着型介護老人福祉施設、指定介護療養型医療施設の別を記載してください。

４　「協力歯科医療機関」がある場合は、「協力医療機関」欄に併せて記載してください。

５　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｡