付表１（共生型）【記入例】

共生型訪問介護事業者の指定に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事　業　所 | フリガナ | | | ○○○○　カイゴサービス | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | ○○○○　介護サービス | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | （郵便番号　５９６－００７６）  大阪府岸和田市野田町○丁目○番○号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | | | | 072-400-0000 | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | | | | | | | | | | | 072-400-0000 | | | | | | | | | | |
| 指定障がい福祉  サービス等の種別 | | | | | | | | 居宅介護or  重度訪問介護 | | | | | | | | | | | | | | | | 指定障がい福祉  サービス等の事業所番号 | | | | | | | | | | | | | ○○○○○○○○○○ | | | | | | | | | | |
| 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・  連絡先 | | | | | | | （郵便番号　５９６－００７３）  大阪府岸和田市岸城町○番○号 | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | ○○　○○ | | | | | | | | | | | | | |
| 生年月日 | | | 昭和○○年○月○○日 | | | | | | | | | | | | | | 電話番号 | | | | | 072-400-0000 | | | | | | | | | FAX番号 | | | | | | 072-400-0000 | | | |
| 他の職務との兼務の状況（兼務がある場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 当該共生型訪問介護事業所内での他の職務との兼務 | | | | | | | | | | | 職種 | | | | | | （兼務する場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の職務との兼務 | | | | | 事業所又は施設の名称  及び事業又は施設の種類 | | | | | | | | | | | | | | | （通所介護を兼務する場合） ①通所介護 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間 | | | | | | | | | | | | | | | ①の管理者  月～金（9：00～18：00）８時間/日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サービス提供責任者 | フリガナ | | ○○○○　○○○○ | | | | | | | | | | | | | | 住所 | | | | （郵便番号５９５－００３３）  泉大津市板原町○番○号 | | | | | | | | | | | | | | | | | | | 資格 | | | 介護福祉士 | | | | | |
| 氏　名 | | ○○　○○ | | | | | | | | | | | | | |
| フリガナ | | ○○○○　○○○○ | | | | | | | | | | | | | | 住所 | | | | （郵便番号５９５－０８１１）  泉北郡忠岡町忠岡北○丁目○番○号 | | | | | | | | | | | | | | | | | | | 資格 | | | 介護職員  基礎研修課程修了 | | | | | |
| 氏　名 | | ○○　○○ | | | | | | | | | | | | | |
| フリガナ | |  | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　－　　　　） | | | | | | | | | | | | | | | | | | | 資格 | | |  | | | | | |
| 氏　名 | |  | | | | | | | | | | | | | |
| 従　業　者 |  | | | | | | 従　業　者・サービス提供責任者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 事務職員 | | | | | | | |
| 専従 | | | | | | | | | うち乗降介助 | | | | | | | | | | 兼務 | | | | | | | | うち乗降介助 | | | | | | | 専従 | | | | | 兼務 | | |
| 常勤（人） | | | | | |  | | | | | | | | |  | | | | | | | | | | ４ | | | | | | | |  | | | | | | |  | | | | | １ | | |
| 非常勤（人） | | | | | |  | | | | | | | | |  | | | | | | | | | | １５ | | | | | | | |  | | | | | | |  | | | | |  | | |
| 常勤換算後の人数 | | | | | | １０．４ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 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 | | | | | | 12/30-1/3  8/13-8/15 | | | | | | | | | | | |
|  | ○ | | | | ○ | | ○ | | | | | ○ | | | ○ | | | |  | | | | |  | |
| 営業時間 | | | | 平日 | | | 9：00 | | | ～ | | | | | 18：00 | | | | | | | 土曜 | | | | |  | | | | | ～ | |  | | | 日・祝 | | | | 9:00 | | | | | ～ | 18:00 | |
| 備考　　サービス提供時間のほか、電話等により24時間常時連絡が可能な体制とする。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | | | | 法定代理受領分 | | | | | | | | | | 介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | 介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | 別添運営規程に定める料金のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | ①岸和田市 | | | | | | | | | ②貝塚市 | | | | | | | | | | | | | ③泉北郡忠岡町 | | | | | | | | | ④泉大津市 | | | | | | | | ⑤和泉市 | | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

記入上の注意　記入欄が不足する場合は、別に記入した書類を添付すること。