付表８の２（共生型）

共生型短期入所生活介護・共生型介護予防短期入所生活介護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 | | | | | | | | | | | | | |  | | | | | | |
| 指定障がい福祉  サービス等の種別 | | | | | | | | | | | |  | | | | | | | | | | | | | | 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　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | |  | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | | 電話番号 | | | | | | | | |  | | | | | | | | | FAX番号 | | |  | | |
| 他の職務との兼務の状況（兼務がある場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 当該共生型短期入所生活介護・共生型介護予防短期入所生活介護事業所内での他の職務との兼務 | | | | | | | | | | | | | | 職種 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種及び勤務時間 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 利用者の推定数 | | | | | | | | 人 | | | | | | | | | | | | | | | | | 入所者の定員 | | | | | | | | | | | 人 | | | | | | | | | | | |
| 従業者 | |  | | | | | 医師 | | | | | 生活支援員 | | | | 介護職員 | | | | | | | 職業指導員 | | | | | | | | | 看護職員 | | | | | | 理学療法士等 | | | | | あん摩ﾏｯｻｰｼﾞ  指圧師 | | | 心理判定員 | |
| 専従 | | | 兼務 | | 専従 | | 兼務 | | 専従 | | | 兼務 | | | | 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 | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | |  | |
|  | | | | | 就労支援員 | | | | | 職能判定員 | | | | 作業指導員 | | | | | | | 保　育　士 | | | | | | | | | 児童指導員 | | | | | | 精神保健  福祉士 | | | | | 栄養士 | | | 運転手 | |
| 専従 | | | 兼務 | | 専従 | | 兼務 | | 専従 | | | 兼務 | | | | 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 | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | |  | |
| 設備基準上の記載項目等 | | 居室 | | １室当たりの最大定員 | | | | | | | | | | | | | | | | | | 人 | | | | | | | | 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | | | ㎡ | | |
| 利用者１人当たりの最小床面積 | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | 建物の構造概要 | | | | | | | | | 造　　　階建  (耐火建築物・準耐火建築物) | | | | | | | | |
| 廊下 | | 片廊下の幅 | | | | | | | | | | | | | | | | | | ｍ | | | | | | | |
| 中廊下の幅 | | | | | | | | | | | | | | | | | | ｍ | | | | | | | | 全体の面積 | | | | | | | | | ㎡ | | | | | | | | |
| 主な掲示事項 | | 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の送迎  の実施地域 | | | | | | | ① | | | | | | ② | | | | | | | | | | | | | ③ | | | | | | | | | ④ | | | | | | | ⑤ | | | |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 協力医療  機関 | | 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | | | | | | |

記入上の注意　１　本付表は、共生型サービス事業を行う場合に使用すること。

２　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。