**付表８－１　看護小規模多機能型居宅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 | | | | | | | | |  | | | | | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 併設  施設等 | | | 種別 | | |  | | | | | | | | | 名称 | |  | | | | | | | | | | | | | 事業所  番号 | | | | | | | |  | | | | | | |
| 訪問看護事業所の指定の有無 | | | | | | （有・無） | | | 病院、診療所、訪問看護ステーションの別 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 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 | | | | |  | | | | | | | | | | |
| 事業所内の従業者との兼務の有無 | | | | | | | | | | | | | (有・無) | | | | （職種：　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 他事業所の従業者との兼務の有無 | | | | | | | | | | | | | (有・無) | | | | 事業所の名称 | | | | | | |  | | | | | | | | | | | | 事業所番号 | | | | | |  | |
| 兼務する職種  及び勤務時間等 | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | 介護従事者 | | | | | | | | | 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 | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| 建築構造概要 | 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 | | | | | | | | | ㎡ | | | | | | | | | | 適合の可否 | | | | | | | | | | | | | | | |  | | | | | | | | |
| 個室の宿泊室 | | | | | | 室 | | | | うち床面積6.4㎡以上7.43㎡未満の宿泊室  （病院又は診療所である場合） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 室 | | |
| 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添付してください｡