**付表９－１（別紙）**

**地域密着型通所介護事業所（療養通所介護）の指定に係る記載事項（２単位目以降）**

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| 受付番号 |  |

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| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別従業者 |  | | | | | | 生活相談員 | | | | | | | | | | | | | | | | | 看護職員 | | | | | | | | | | | | | | | 介護職員 | | | | | | | | | | 機能訓練指導員 | | | | | | | |
| 専従 | | | | | | | | | 兼務 | | | | | | | | 専従 | | | | | | | | | 兼務 | | | | | | 専従 | | | | | 兼務 | | | | | 専従 | | | | | | | 兼務 |
| 常　勤（人） | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  |
| 非常勤（人） | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  |
| 基準上の必要人数（人） | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| 適合の可否 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | 月 | | | | 火 | | | 水 | | | | | | 木 | | | 金 | | | | | | | 土 | | | 祝 | | | | その他年間の休日 | | | | | | | | | | |  | | | | | | | | | | | |
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| サービス提供時間 | | 平日 | | | |  | | | | | ～ | | | | | |  | | | | | | | 土曜 | | | | |  | | | | | | ～ | | |  | | 日･祝 | | | | |  | | | | | ～ | |  | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別従業者 |  | | | | | | 生活相談員 | | | | | | | | | | | | | | | | | 看護職員 | | | | | | | | | | | | | | | 介護職員 | | | | | | | | | | | 機能訓練指導員 | | | | | | |
| 専従 | | | | | | | | 兼務 | | | | | | | | | 専従 | | | | | | | | | 兼務 | | | | | | 専従 | | | | | 兼務 | | | | | | 専従 | | | 兼務 | | | |
| 常　勤（人） | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | |  | | | |
| 非常勤（人） | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | |  | | | |
| 基準上の必要人数（人） | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 適合の可否 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
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| 営業日 | | 日 | | 月 | | | | 火 | | | 水 | | | | | | 木 | | | 金 | | | | | | | 土 | | 祝 | | | | | その他年間の休日 | | | | | | | | | |  | | | | | | | | | | | |
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| サービス提供時間 | | 平日 | | | |  | | | | | | ～ | | | | | |  | | | | | | | 土曜 | | | | |  | | | | | | ～ | | |  | | 日･祝 | | | | |  | | | | | ～ | |  | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別従業者 |  | | | | | | 生活相談員 | | | | | | | | | | | | | | | | 看護職員 | | | | | | | | | | | | | | | 介護職員 | | | | | | | | | | 機能訓練指導員 | | | | | | | | |
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| 常　勤（人） | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | |
| 非常勤（人） | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | |
| 基準上の必要人数（人） | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| 適合の可否 | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | | | 月 | | | | 火 | | | 水 | | | | | | 木 | | | 金 | | | | | | | 土 | | 祝 | | | | その他年間の休日 | | | | | | | | | |  | | | | | | | | | | | |
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| サービス提供時間 | | 平日 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |