付表２－２

介護予防通所介護相当サービスを事業所所在地以外の場所で一部実施する場合の記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一部事業施設数 | | | 施設 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 一部事業施設 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | （〒　　　　　－　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | | | | | |  | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | |  | | | | | | | |
| 同時に通所（療養）介護、介護予防通所介護、介護予防通所介護相当サービスを受けることができる利用者の上限 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | |
| 従業者の職種・員数 | | | | 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） | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | |  | | | |  |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | |  | | | | | | ㎡ | | | | | | | |  | | | | | | | | | | | | |
| 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 | | | | | |  | | | | | | |
|  | | |  | | |  | |  | |  | | |  | |  | | | | |  |
| 営業時間 | | 平日 | | | | ～ | | | | | | | | | | 土曜 | | ～ | | | | | | | | | 日曜・祝日 | | | ～ | | | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一部事業施設 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | （〒　　　　　－　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | | | | | |  | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | |  | | | | | | | |
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| 従業者の職種・員数 | | | | 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） | |  | | | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | |  | | | |  |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | |  | | | | | | ㎡ | | | | | | | |  | | | | | | | | | | | | |
| 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 | | | | | |  | | | | | | |
|  | | |  | | |  | |  | |  | | |  | |  | | | | |  |
| 営業時間 | | 平日 | | | | ～ | | | | | | | | | | 土曜 | | | ～ | | | | | | | | | 日曜・祝日 | | ～ | | | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業  実施地域 | | ① | | | | | | | | | ② | | | | | | | | | | ③ | | | | | ④ | | | | | | ⑤ | | | |
| 備考 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | 別　添　の　と　お　り | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

備考

１　　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すること。

２　　「主な掲示事項」については、本欄の記載を省略し、別添として差し支えない。

添付書類　　一部事業施設の平面図（設備、備品概要を含む。）