付表6-2

通所介護事業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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| この一部事業施設で同時に通所介護を行う利用者の数及び食堂・機能訓練室の面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | 人 | | | | | |  | | | | | | | ㎡ | | |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 適合の可否 | | | | | | | | | | | | | | | | | |
|  | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | ㎡以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 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） | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| 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（ｻｰﾋﾞｽ提供時間等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | 平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一部事業施設 | | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FAX番号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 適合の可否 | | | | | | | | | | | | | | | | |
|  | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | ㎡以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 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） | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |
| 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 | | | | | | | | | | | |  | | | | |  | | | | | |  |
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| 添付書類 | | | | | | | | 平面図 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　　1　色塗りされている欄には、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又は別紙に記載して添付してください。

3　「主な掲示事項」については、本欄の記載を省略し、別添資料として添付して差し支えありません。