付表7-2

通所リハビリテーション・介護予防通所リハビリテーション事業所の登録に係る記載事項

（介護老人保健施設）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事　業　所 | | | | 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 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者代行者が選任されている場合 | | | | | 医師 | | | | | | | | | | | | | | | | |  | | | | 作業療法士 | | | | | | | | | | | | | | | | |  | | | 代行  者名 | | | | | フリガナ | | | | | |  | | | | | | | |
| 理学療法士 | | | | | | | | | | | | | | | | |  | | | | 専従の看護師 | | | | | | | | | | | | | | | | |  | | | 氏　名 | | | | | |  | | | | | | | |
| 施設開設年月日 | | | | | | | | | |  | | | | | | | | 年 | | | | |  | | | | | | | | | 月 | | | | |  | | | | 日 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 実施単位数 | | | | |  | | | | 単位 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 一日当たり通所リハ総利用者 | | | | | | | | | | | | | | | |  | | | | | | | | | | | 人 | | | | | 介護老人保健施設入所者数 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | 人 | | |  | | | |
| 専用の部屋等の面積  （通所リハ利用者食堂を含む） | | | | | | | | |  | | | | | | | | | | | | ㎡ | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | | | | | | | | | | | | | | | | 適合の可否 | | | | | | | | | | | | |
| ㎡以上 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 従業者 | | |  | | | | | | | | | | | | 医師 | | | | | | | | | | | | | 理学・作業療法士・言語聴覚士 | | | | | | | | | | | | 支援相談員 | | | | | | | | | | | 単位別従業者 | | | | | | | | 看護職員 | | | | | | | 介護職員 | | |
|  | | | | | | | | | | | | 専従 | | | | 兼務 | | | | | | | | | 専従 | | | | | | 兼務 | | | | | | 専従 | | | | | | 兼務 | | | | | 専従 | | | | 兼務 | | | 専従 | | 兼務 |
| 常勤(人) | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | 常勤(人) | | | | | | | |  | | | |  | | |  | |  |
| 非常勤(人) | | | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | 非常勤(人) | | | | | | | |  | | | |  | | |  | |  |
| 常勤換算後の人数(人) | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | |
| 基準上の必要人数(人) | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | 基準上必要数 | | | | | | | |  | | | | | | |  | | |
| 適合の可否 | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | 適合の可否 | | | | | | | |  | | | | | | |  | | |
| 主な掲示事項 | 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） | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用定員 | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | | | | | | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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。

4　本事業所内で複数の単位を実施する場合にあっては、２単位目以降に係る利用定員及び単位別従業者の職種・員数については、「付表7-2別紙」に記載し添付してください。

付表7-2　（別紙）

通所リハビリテーション・介護予防通所リハビリテーション事業所の登録に係る記載事項

（介護老人保健施設：2単位目以降）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| ２単位目 | 単位別従業者 |  | | | | 看護職員 | | | | | | | 介護職員 | | | | | | |  | | | | | | | |
| 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 | | | |  | | | | | | |  | | | | | | |
| 主な提示事項 | 利用定員 | |  | | | | | | | 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（サービス提供時間等） | | | | | | | | | | | | | |  | | | | | | | | | |
| ３単位目 | 単位別従業者 |  | | | | 看護職員 | | | | | | | 介護職員 | | | | | | |  | | | | | | | |
| 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 | 利用定員 | |  | | | | | | | 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（サービス提供時間等） | | | | | | | | | | | | | |  | | | | | | | | | |
| ４単位目 | 単位別従業者 |  | | | | 看護職員 | | | | | | | 介護職員 | | | | | | |  | | | | | | | |
| 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 | 利用定員 | |  | | | | | | | 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（サービス提供時間等） | | | | | | | | | | | | | |  | | | | | | | | | |

備考　　1　色塗りされている欄には、記入しないでください。