付表8-1

短期入所生活介護・介護予防短期入所生活介護事業所の登録に係る記載事項（単独型）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |  | | | | | | | | | | | |
| 当該短期入所生活介護事業所で兼務する他の職種（兼務の場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の従業者との兼務  （兼務の場合のみ記入） | | | | | | | | | | | | | 事業所等名称 | | | | | | | | | | | |  | | | | | | | | | | |
| 兼務する職種及び勤務時間等 | | | | | | | | | | | |  | | | | | | | | | | |
| 利用者数 | | | | | | | | |  | | 人 | | （前年度平均値を記入  　新規施設の場合は推定数） | | | | | | | | | | | | | 本体施設の入所定員 | | | | | |  | | | 人 | |
| 従業者の職種・員数 | |  | | | | | | | | | | | 医　師 | | | | | | 生活相談員 | | | | | | | | 介護職員 | | | | | | 看護職員 | | | |
| 専従 | | | 兼務 | | | 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 | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | 栄養士 | | | | | | 機能訓練指導員 | | | | | | | | 栄養士を配置していない場合の措置 | | | | | | | | | |
| 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 | | | | | | | | | | |  | | | | | |  | | | | | | | |
| 設備基準上の数値記載項目等 | | | | | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | 適合の可否 | | | | | |
|  | | 居室 | | 1室当たりの最大定員 | | | | | | | | | | | | |  | | | | 人 | | | | 人以下 | | | | | |  | | | | | |
|  | | 利用者1人当たりの最小床面積 | | | | | | | | | | | | |  | | | | ㎡ | | | | ㎡以上 | | | | | |  | | | | | |
|  | | 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | | |  | | | | ㎡ | | | | ㎡以上 | | | | | |  | | | | | |
|  | | 廊下 | | 片廊下の幅 | | | | | | | | | | | | |  | | | | ｍ | | | | ｍ以上 | | | | | |  | | | | | |
|  | | 中廊下の幅 | | | | | | | | | | | | |  | | | | ｍ | | | | ｍ以上 | | | | | |  | | | | | |
|  | | 耐火建築物、準耐火建築物の別 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | 面積 | | | | | | | | | | | | | | |  | | | | ㎡ | | | | ㎡以上 | | | | | |  | | | | | |
| 主な掲示事項 | | 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 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 協力医療機関 | | | 名称 | | | |  | | | | | | | | 主な診療科名 | | | | | | |  | | | | | | |  | | | | |  | | |
| 名称 | | | |  | | | | | | | | 主な診療科名 | | | | | | |  | | | | | | |  | | | | |  | | |
| 名称 | | | |  | | | | | | | | 主な診療科名 | | | | | | |  | | | | | | |  | | | | |  | | |
| 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。