付表8-3

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

（本体施設が特別養護老人ホーム以外の場合の併設事業所型）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 本体施設の種別・名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所者数 | | | | |  | | | | | 人 | | （前年度平均値を記入  　新規施設の場合は推定数） | | | | | | | | | | 短期入所利用者数 | | | | | | | |  | | | | | 人 | | （前年度平均値を記入  　新規施設の場合は推定数） | | | | | | |
| 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 |
| 本体施設の施設等従事者数 | | | | | | | | | | | | | 常勤(人) | | | | |  | | | | |  | | | |  | | |  | | | |  | | |  | | |  |  |
| 非常勤(人) | | | | |  | | | | |  | | | |  | | |  | | | |  | | |  | | |  |  |
| 短期入所生活介護従事者数 | | | | | | | | | | | | | 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 | | | | | | | 介護支援専門員等 | | | | | | 栄養士を配置していない場合の措置 | |
| 専従 | | | | | 兼務 | | | | 専従 | | | 兼務 | | | | 専従 | | | 兼務 | | |
| 本体施設の施設等従事者数 | | | | | | | | | | | | | 常勤(人) | | | | |  | | | | |  | | | |  | | |  | | | |  | | |  | | |
| 非常勤(人) | | | | |  | | | | |  | | | |  | | |  | | | |  | | |  | | |  | |
| 短期入所生活介護従事者数 | | | | | | | | | | | | | 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 | | | | | | | | | | |  | | | | | |
|  | | 建物の構造概要 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 面積 | | | | | | | | | | | | | | | |  | | | | | ㎡ | | | | ㎡以上 | | | | | | | | | | |  | | | | | |
| 主な掲示事項 | | 入所・入院定員 | | | | | | | | | 人 | | | | | | | | 短期入所利用定員数 | | | | | | | | | | | |  | | | | | | | | | 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 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の送迎の実施地域 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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。

4　本様式は、本体施設が特別養護老人ホーム以外の場合であって、本体施設と一体的に運営が行われている事業所であるときに使用してください。