付表10

特定施設入居者生活介護・介護予防特定施設入居者生活介護事業所の登録に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 施設区分  （該当部分に○） | | | | | | 有料老人ホーム | | | | | | | | | | |  | | | | | 施設開設年月日 | | | | | | | | | |  | | | | 年 | | | |  | | | | 月 | |  | | 日 |
| 軽費老人ホーム | | | | | | | | | | |  | | | | |
| 高齢者専用賃貸住宅 | | | | | | | | | | |  | | | | |
| 養護老人ホーム | | | | | | | | | | |  | | | | |
| 入居者の要件  （該当部分に○） | | | | | | 介護専用型 | | | | | | | | | | |  | | | | |
| 介護専用型以外 | | | | | | | | | | |  | | | | |
| サービスの提供形態  （該当施設に○） | | | | | | 一般型 | | | | | | | | | | |  | | | | |
| 外部サービス利用型 | | | | | | | | | | |  | | | | |
| 管理者 | フリガナ | | | |  | | | | | | | | | | | | | | | 住所 | | | | | | | | （郵便番号　　　－　　　　） | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | |  | | | | | | | | | | | | | | |
| 生年月日 | | | |  | | | | | | | | | | | | | | |
| 当該特定施設入所者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 | | | | | （前年の平均値、新規の場合は推定数を記入） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 要介護者 | | | |  | | | | | | | 人 | | | | 要支援者 | | | | | |  | | | | | | | | | | 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 | | | | | | | | 計画作成担当者 | | | | | |  | | | |
| 専従 | | 兼務 | | | 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 | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |
| 主な掲示事項 | 入所定員 | | | | |  | | | 人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居室数 | | | | |  | | | 室 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | |  | |
| 建物の構造・概要 | | 建物の構造 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 耐火建築物、準耐火建築物その他の別 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護居室の１室の最大定員 | | | | | | | | | | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | | | 適合の可否 | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | 人 | | | 人以下 | | | | | | | | | | | | | |  | | | | | | | | | | |
| 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　「協力歯科医療機関」がある場合は、「協力医療機関」欄に併せて記載してください。