付表１-１

金ケ崎町介護予防・日常生活支援総合事業の指定に係る記載事項

事業所で提供するサービスすべてにチェックを付けてください。

□介護予防訪問介護相当サービス　　　　　　□訪問型サービスＡ

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | （郵便番号　　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | | | | | | |  | | | | | | | | | | | | | | | ＦＡＸ番号 | | | | |  | | | | | |
| 管理者 | | フリガナ | |  | | | | | | | | | | | | | 住 所 | | | （郵便番号　　　－　　　　　　） | | | | | | | | | | | | | | | | | | |
| 氏　名 | |  | | | | | | | | | | | | |
| 生年月日 | |  | | | | | | | | | | | | |
| 訪問介護員等との兼務の有無 | | | | | | | | | | | | | | | （　有　・　無　） | | | | | | | | | | | | | | | | | | | | | |
| 兼務する同一敷地内の | | | | | | | | | 事業所等名称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 他の事業所又は施設 | | | | | | | | | 兼務する職種 | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| （兼務の場合記入） | | | | | | | | | 及び勤務時間等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | フリガナ | | | | |  | | | | | | | | | | | | | | | | 住 所 | | (郵便番号　　　　　　－　　　　　　　　　) | | | | | | | | | | | | |
|  | | | 氏　名 | | | | |  | | | | | | | | | | | | | | | |
| 訪問事業 | | |
| 責任者 　※ | | | フリガナ | | | | |  | | | | | | | | | | | | | | | | 住 所 | | (郵便番号　　　　　　－　　　　　　　　　) | | | | | | | | | | | | |
|  | | | 氏　名 | | | | |  | | | | | | | | | | | | | | | |
|  | | |
| 従業者 |  | | | | | | | | | | | 訪問介護員等 | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 専　従 | | | | | | | | | | | 兼　務 | | | | | | | |
| 常　　 勤（人） | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 非常勤（人） | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 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 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業 | | | | | ① | | | | | | | | ② | | | | | | | | ③ | | | | | | | | ④ | | | | | ⑤ | | | |
| 実施地域 | | | | | 備 考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　　　　記入欄が不足する場合は、適宜欄を設けて記載するか又は別様に記載した書類を添付してください。

※訪問事業責任者の要件は、介護福祉士・介護職員初任者研修等修了者または一定の研修受講者