**付表１－５ （別紙）**

**阿南市介護予防通所介護相当サービスの指定に係る記載事項**

**（２単位目以降）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **事業所** | | **フリガナ** | |  | | | | | | | | | | | | | | | | | | | | |
| **名称** | |  | | | | | | | | | | | | | | | | | | | | |
| **当該単位で同時に通所介護等を行う利用者の数の上限及び食堂・機能訓練室の面積**  **（通所事業の提供に必要な場所の合計面積）** | | | | | | | | | | | | | | | **人** | | | | | | **㎡** | | | |
| **２　　単　　位** | **従業者の職種・員数**  **（単　位　別）** | | | | **生活相談員** | | | | **介護職員** | | | | | **看護職員** | | | | **機能訓練指導員** | | | | |  | |
| **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）** | |  | |  | |  | |  | | |  | |  | |  | |  | | |  |  |
| **主な掲示事項** | | **営業日** | | **日** | **月** | | **火** | | **水** | | **木** | **金** | | **土** | | **祝** | | **その他**  **年間休日** | | |  | | |
|  |  | |  | |  | |  |  | |  | |  | |
| **営業時間** | | **平日** | ～ | | | | | | **土曜** | ～ | | | | | | **日曜・祝日** | | | ～ | | |
| **利用定員** | | **定員** | 人 | | | | | | **定員** | 人 | | | | | | **定　員** | | | 人 | | |
| **サービス提供時間** | |  | | | | | | | | | | | | | | | | | | | |
| **備　　　　　考** | |  | | | | | | | | | | | | | | | | | | | |
| **当該単位で同時に通所介護等を行う利用者の数の上限及び食堂・機能訓練室の面積**  **（通所事業の提供に必要な場所の合計面積）** | | | | | | | | | | | | | | | **人** | | | | | | **㎡** | | | |
| **３　　単　　位** | **従業者の職種・員数**  **（単　位　別）** | | | | **生活相談員** | | | | **介護職員** | | | | | **看護職員** | | | | **機能訓練指導員** | | | | |  | |
| **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）** | |  | |  | |  | |  | | |  | |  | |  | |  | | |  |  |
| **主な掲示事項** | | **営業日** | | **日** | **月** | | **火** | | **水** | | **木** | **金** | | **土** | | **祝** | | **その他**  **年間休日** | | |  | | |
|  |  | |  | |  | |  |  | |  | |  | |
| **営業時間** | | **平日** | ～ | | | | | | **土曜** | ～ | | | | | | **日曜・祝日** | | | ～ | | |
| **利用定員** | | **定員** | 人 | | | | | | **定員** | 人 | | | | | | **定　員** | | | 人 | | |
| **サービス提供時間** | |  | | | | | | | | | | | | | | | | | | | |
| **備　　　　　考** | |  | | | | | | | | | | | | | | | | | | | |

**介護予防・日常生活支援総合事業用**