**付表１－８（緩和通所）**

**阿南市はつらつデイサービスを事業所所在地以外の場所で**

**一部実施する場合の記載事項**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **事 業 所** | | **フリガナ** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **名称** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **一 部 事 業 施 設** | | **フリガナ** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **名称** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在地** | （〒　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **連絡先** | **電話番号** | |  | | | | | | | | | | | | **F　A　X** | | | | | | |  | | | | | | |
| **同時に通所介護等の提供を受けることができる利用者の数の上限** | | | | | | | | | | | | | | | | | | | | **人** | | | | | | |  | | | |
| **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）** | | | | | | | | | | | | | | | | | | | | **㎡** | | | | | | |  | | | |
| **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** | | | | | | | **はつらつ従事者** | |
| **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）** | |  | | |  | |  | | | |  | |  | | | |  | | |  | | | |  | | |  |  |
| **主　　な　　掲　　示　　事　　項** | **定員** | | | **人** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **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** | | | ～ | | |
| **サービス提供時間** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **備　　　　考** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **利用料** | | | 法定代理受領分（負担割合証に記載されている負担割合に応じた額） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外（　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **その他の費用** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **通常の事業**  **実施地域** | | | ① | | | | | | ② | | | | | | ③ | | | | | | | ④ | | | | | | ⑤ | |
| **備　　　　考** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **添　　 付　　 書　　 類** | | | | 別添「指定申請に係る提出書類一覧」のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | |

【 備考 】

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

**介護予防・日常生活支援総合事業用**