**付表１０－２（別紙）**

**地域密着型通所介護サービスの指定に係る記載事項（２単位目以降）**

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| 受付番号 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 事業所 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別従業者 |  | | | | 生活相談員 | | | | | | | 看護職員 | | | | | | | 介護職員 | | | 機能訓練指導員 | | | | |  |
| 専従 | | | 兼務 | | | | 専従 | | | | 兼務 | | | 専従 | 兼務 | | 専従 | | | | 兼務 |
| 常勤（人） | | | |  | | |  | | | |  | | | |  | | |  |  | |  | | | |  |
| 非常勤（人） | | | |  | | |  | | | |  | | | |  | | |  |  | |  | | | |  |
| 基準上の必要人（人） | | | |  | | | | | | |  | | | | | | |  | | |  | | | | |
| 適合の可否 | | | |  | | | | | | |  | | | | | | |  | | |  | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | 月 | | 火 | 水 | | 木 | 金 | | | 土 | | 祝 | | その他年間の休日 | | | | | |  | | | | |
|  |  | |  |  | |  |  | | |  | |  | |
| 営業時間 | | 平日 | |  | | | | | | | | | 土曜 | | | |  | | | 日祝 | | | |  | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別従業者 |  | | | | 生活相談員 | | | | | | | 看護職員 | | | | | | | 介護職員 | | | 機能訓練指導員 | | | | |  |
| 専従 | | | 兼務 | | | | 専従 | | | | 兼務 | | | 専従 | 兼務 | | 専従 | | | | 兼務 |
| 常勤（人） | | | |  | | |  | | | |  | | | |  | | |  |  | |  | | | |  |
| 非常勤（人） | | | |  | | |  | | | |  | | | |  | | |  |  | |  | | | |  |
| 基準上の必要人数（人） | | | |  | | | | | | |  | | | | | | |  | | |  | | | | |
| 適合の可否 | | | |  | | | | | | |  | | | | | | |  | | |  | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | 月 | | 火 | 水 | | 木 | 金 | | | 土 | | 祝 | | その他年間の休日 | | | | | | |  | | | |
|  |  | |  |  | |  |  | | |  | |  | |
| 営業時間 | | 平日 | |  | | | | | | | | | 土曜 | | | |  | | | 日祝 | | | |  | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 単位 | 単位別従業者 |  | | | | 生活相談員 | | | | | | | 看護職員 | | | | | | | 介護職員 | | | 機能訓練指導員 | | | | |  |
| 専従 | | | 兼務 | | | | 専従 | | | | 兼務 | | | 専従 | 兼務 | | 専従 | | | | 兼務 |
| 常勤（人） | | | |  | | |  | | | |  | | | |  | | |  |  | |  | | | |  |
| 非常勤（人） | | | |  | | |  | | | |  | | | |  | | |  |  | |  | | | |  |
| 基準上の必要人数（人） | | | |  | | | | | | |  | | | | | | |  | | |  | | | | |
| 適合の可否 | | | |  | | | | | | |  | | | | | | |  | | |  | | | | |
| 主な掲示事項 | 定員 | | 人 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 営業日 | | 日 | 月 | | 火 | 水 | | 木 | 金 | | | 土 | | 祝 | | その他年間の休日 | | | | | | |  | | | |
|  |  | |  |  | |  |  | | |  | |  | |
| 営業時間 | | 平日 | |  | | | | | | | | | 土曜 | | | |  | | | 日祝 | | | |  | | |
| 備考 | |  | | | | | | | | | | | | | | | | | | | | | | |