付表７（介護老人保健施設）

通所リハビリテーション・介護予防通所リハビリテーション事業者の指定に係る記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | |  | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 管理者 | フリガナ | | | | |  | | | | | | | | | | | | | | | | | 住所・連絡先 | | | | | （郵便番号　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | |  | | | | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | | | | | TEL | | | | |  | | | | | | | | | | | | | | | | | FAX | |  | | | | | | |
| 管理者代行者が選任されている場合 | | | | | | | | | | 医師 | | | | | | | | | |  | | 作業療法士 | | | | | | | | | | | | | | | | |  | | | | 代行者名 | | | | | ﾌﾘｶﾞﾅ | |  | | | | | | | |
| 理学療法士 | | | | | | | | | |  | | 専従の看護師 | | | | | | | | | | | | | | | | |  | | | | 氏名 | |  | | | | | | | |
| 事業所の種別  （該当に○） | | | | | 病　　院 | | | | | | | | | |  | | | | | | 診療所（指定居宅サービス等の事業の人員、設備及び運営に関する基準第111条第１項） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 小規模診療所（定員１０人以下、同条第２項） | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | 介護老人保健施設 | | | | | | | | | | | | | | | |  | |
| 上記事業所の種別が介護老人保健施設の場合 | | | | | | | | | | | | | | | | | | | | | 入所者数  （定員） | | | | | | 人 | | | | | | | | | | | | | | 施設開設年月日 | | | | | | | | | 年　　 月 　　日 | | | | | | | | |
| 実施単位数 | | | | 単位 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医師数 | | 常　勤 | | 人 | | | | | | 一日当たりの総利用者数（定員合計） | | | | | | | | | | | | | | 人 | | | | | | | | | | | 専用の部屋等の面積（合計） | | | | | | | | | | | | | | | | | ㎡ | | | | | | |
| 非常勤 | | 人 | | | | | |
| 単位別情報（１単位目） | ※２単位目以降は、別紙に記載し、添付すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業者 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 常勤(人) | | | | | | | | | | | | 非常勤(人) | | | | | | | | 常勤換算後の人数(人) | | | | |
| 理学療法士  作業療法士  言語聴覚士 | | | | | | | | ① 当該単位につき毎日従事する者 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| ② ①以外の者 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 看護師  准看護師 | | | | | | | | ③ 経験を有する看護師 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| ④ ③以外の看護師又は准看護師 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 介護職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 栄養職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 歯科職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| 利用定員 | | | | | 人 | | | | | | | | | | | | 専用の部屋等の面積 | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | |  | | | | | | | | |
| 営業日 | | | | | 日 | | 月 | | | | 火 | | | | 水 | | 木 | | | | 金 | | | 土 | | | 祝 | | | | その他年間の休日 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | |  | |  | | | |  | | |  | | |  | | | |
| 送迎を除く  サービス提供  時間 | | | | | 平日 | | |  | | | | | | | | ～ | |  | | | | | | | 土曜 | | |  | | | | | | | | | | ～ | | |  | | | | | | 日・祝 | | | | |  | | | ～ | |  |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主な掲示事項 | 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 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | | | | ① | | | | | | | | | | | | | ② | | | | | | | | | | | ③ | | | | | | | | | | | | | | ④ | | | | | | | | | | ⑤ | | | |
| 備考 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　１　２単位以上実施する場合は、別紙に記載し、添付すること。

２　記入欄が不足する場合は、別に記入した書類を添付すること。

このページは提出不要です。

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| 添付書類  　１　申請者の定款、寄附行為等の写し及びその登記事項証明書又は条例等の写し（法人の場合に限る。）  　２　事業所の平面図（各室の用途が明示されたもの）及び設備の概要を記載した書類  　３　運営規程  　４　利用者からの苦情を処理するために講ずる措置の概要を記載した書類  　５　当該申請に係る事業に係る従業者の勤務の体制及び勤務形態を記載した書類  　６　当該申請に係る事業に係る居宅介護サービス費又は介護予防サービス費の請求に関する事項を記載した書類  　７　病院の場合にあっては使用許可証、診療所の場合にあっては使用許可証又は開設届書等の写し、介護老人保健施設の場合にあっては開設許可証の写し  　８　事業所の管理者の経歴を記載した書類  　９　介護保険法第70条第2項各号又は第115条の2第2項各号に該当しないことを誓約する書類  １０　その他指定に関し知事が必要と認める事項を記載した書類 |