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| **介護老人福祉施設の指定に係る記載事項**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 施　設 | | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | 所 在 地 | | | (郵便番号　　　－　　　　) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 連絡先 | | | 電話番号 | | | |  | | | | | | FAX番号 | | | | | |  | | | | | | | メールアドレス | | | |  | | | | | | | | | | | | | | | | | | | 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 | | (郵便番号　　　－　　　) | | | | | | | | | | | | | | | 氏名 | | |  | | | | | | | 生年月日 | | |  | | | | | | 電話番号 | |  | | | | | | | | | | | | | | | 他の職務との兼務の状況（兼務がある場合のみ記入） | | | | | | | | | | | | | | | | | | | | | | | | | |  | 当該施設内で兼務する他の職務との兼務 | | | | | 職　種 | | | |  | | | | | | | | | | | | | | | | 同一敷地内の他の事業所又は施設の職務との兼務 | | | 事業所又は施設の名称及び  事業又は施設の種類 | | | | | |  | | | | | | | | | | | | | | | | 兼務する職種及び勤務時間等 | | | | | |  | | | | | | | | | | | | | | | | 短期入所生活介護の実施の有無 | | | | | | | | 有　・　無 | | | | | 事業の実施形態 | | | | | | | 空床型　　・　　併設型 | | | | | | | | 入所者の推定数 | | | | | | | | 人 | | | | | 短期入所利用者の推定数(併設型の場合) | | | | | | | | | | | | 人 | | | 従業者の職種・員数 | | | | | | | | | | 医　　師 | | | | 生活相談員 | | | | | 介護職員 | | | | | 看護師・准看護 | | | | 専　従 | | ※兼 務 | | 専　従 | | | ※兼 務 | | 専　従 | | | | ※兼 務 | 専　従 | | ※兼 務 | |  | 介護老人福祉施設及び  短期入所生活介護従事人数 | | | | | 常　勤（人） | | | |  | |  | |  | | |  | |  | | | |  |  | |  | | 非常勤（人） | | | |  | |  | |  | | |  | |  | | | |  |  | |  | | 常勤換算後の人数（人） | | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | 栄養士 | | | | 機能訓練指導員 | | | | | 介護支援専門員 | | | | | 栄養士を配置しない場合の措置 | | | | 専　従 | | ※兼 務 | | 専　従 | | ※兼 務 | | | 専　従 | | | | ※兼 務 | | 介護老人福祉施設及び  短期入所生活介護従事人数 | | | | | 常　勤（人） | | | |  | |  | |  | |  | | |  | | | |  |  | | | | 非常勤（人） | | | |  | |  | |  | |  | | |  | | | | | | 常勤換算後の人数（人） | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | 介護老人福祉施設 | | | | | | | | | 短期入所生活介護 | | | | | | 設備基準上の数値記載項目等 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | 居　室 | | | | １室の最大定員人 | | | | |  | | | | | | | | | 人 | | | | | | 入所者１人あたりの最小床面積 | | | | | ㎡ | | | | | | | | | ㎡ | | | | | | 食堂と機能訓練室 | | | | 合計面積 | | | | | ㎡ | | | | | | | | | ㎡ | | | | | | 廊　下 | | | | 片廊下の幅 | | | | | ｍ | | | | | | | | | ｍ | | | | | | 中廊下の幅 | | | | | ｍ | | | | | | | | | ｍ | | | | | | 協力医療機関・  協力歯科医療機関 | | | | 名　称 | | |  | | | | | | 主な診療科目 | | | | |  | | | | | | | | | | 名　称 | | |  | | | | | | 主な診療科目 | | | | |  | | | | | | | | | | 名　称 | | |  | | | | | | 主な診療科目 | | | | |  | | | | | | | | | | 名　称 | | |  | | | | | | 主な診療科目 | | | | |  | | | | | | | | | | 主な掲示事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | 入所（利用）定員 | | | | | | | | | 人 | | | | | | | | | 人 | | | | | | 利　用　料 | | | | 法定代理受領分（利用者負担分） | | | | |  | | | | | | | | |  | | | | | | 法定代理受領分以外 | | | | |  | | | | | | | | |  | | | | | | その他の費用 | | | | | | | | |  | | | | | | | | |  | | | | |   備考　１　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。  　　　２　※印の欄は、同施設の他の職務を兼ねる職員又は短期入所生活介護以外の併設事業所との兼務を行う職員がある場合について記載すること。  　　　３　協力病院・協力歯科医療機関に変更がある場合は、変更後のすべての協力病院・協力歯科医療機関について記入してください。  　　　４　短期入所生活介護を実施している場合は、「事業の実施形態」の欄には、空床型・併設型のいずれか一方又は両方に○を付すこと。  　　　５　短期入所生活介護を実施していない場合は、短期入所生活介護の「設備基準上の数値記載項目等」及び「主な掲示事項」の欄については、記載をする必要がないこと。 |

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| 添付書類  １　開設者の定款、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  ２　特別養護老人ホームの認可証等の写し  ３　併設する施設がある場合にあっては、当該併設する施設の概要を記載した書類  ４　運営規程  ５　当該申請に係る事業に係る施設介護サービス費の請求に関する事項を記載した書類  ６　介護保険法第８６条第２項各号に該当しないことを誓約する書類  ７　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 |