様式－施設更新（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険施設指定（開設許可）更新許可申請書  年　月　日  豊中市長　　様  所 在 地  申請者 名　 称  代表者の  職・氏名  　　指定  　　開設許可  第86条の２第１項  第94条の２第１項  介護保険法　　　　　　　　　の規定により、介護保険施設の　　　　　の更新を受けたいので、  関係書類を添えて申請します。   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 申請（開設）者 | フリガナ |  | | | | | | 名称又は氏名 |  | | | | | | 主たる事務所の  所在地又は住所 | （郵便番号　　　－　　　　　　）  　　　　　都 道　　　　　郡 市  　　　　　府 県　　　　　区 | | | | | | 申請者の連絡先 | 電話番号 |  | | FAX番号 |  | | 法人の種別 |  | | | 法人の所轄庁 |  | | 代表者の職・氏名  ・生年月日 | 職名 |  | | フリガナ |  | | 氏名 |  | | 生年月日 | 年　　　月　　日生 | | | 代表者の住所 | （郵便番号　　－　　）　　　　　都 道　　　　　郡 市  　　　　　　　　　　　　　　　　府 県　　　　　区 | | | | | | 電話番号 | |  | FAX番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | フリガナ | | |  | | | | | | | | | | | | | | | | | | 名　　称 | | |  | | | | | | | | | | | | | | | | | | 施設の所在地 | | | （郵便番号　　　―　　　　） | | | | | | | | | | | | | | | | | | 施設の連絡先 | | | | | | | 代表電話番号 | | | | | | |  | | | | | | | 同一所在地において行う事業又は施設の種類 | | | | | | | | | | 実施事業又は施　設 | | | | 更新年月日 | | | | 現に指定等を受けている事業又は施設の  有効期間満了日 | 添付する付表 | | 施　設 | 介護老人福祉施設 | | | | | | | | |  | | | |  | | | |  | 付表14 | | 介護老人保健施設 | | | | | | | | |  | | | |  | | | |  | 付表15 | | 介護療養型医療施設 | | | | | | | | | | | | | | | | | | | |  | 療養病床を有する病院・診療所 | | | | | | | |  | | | |  | | | |  | 付表16の1、付表16の2 | | 老人性認知症疾患療養病棟を有する病院 | | | | | | | |  | | | |  | | | |  | 付表16の１ | | 居 宅 | 通所リハビリテーション | | | | | | | | |  | | | |  | | | |  | 付表７ | | 短期入所生活介護 | | | | | | | | |  | | | |  | | | |  | 付表８の１、付表８の２ | | 短期入所療養介護 | | | | | | | | |  | | | |  | | | |  | 付表９ | | 介護予防 | 介護予防通所リハビリテーション | | | | | | | | |  | | | |  | | | |  | 付表７ | | 介護予防短期入所生活介護 | | | | | | | | |  | | | |  | | | |  | 付表８の１、付表８の２ | | 介護予防短期入所療養介護 | | | | | | | | |  | | | |  | | | |  | 付表９ | | 介護保険事業所番号 | | | | | ２ | ７ |  | |  |  | |  |  |  | |  |  |  | | | | 医療機関コード等 | | | | | | | | |  |  | |  |  |  | |  |  | （保険医療機関として指定を受けている場合） | | | |

このページの提出は不要です。

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| 備考 １　「法人の種別」の欄には、申請者が法人である場合に、「社会福祉法人」、「医療法人」、「一般社団法人」、「一般財団法人」等の別を記入すること｡  ２　「法人の所轄庁」の欄には、申請者が行政庁（大臣、都道府県知事等）の許認可等を受けて設立された法人である場合に、その行政庁の名称を記載すること。  ３　「実施事業又は施設」の欄には、今回申請するものについて、該当する欄に「○」を記入すること。なお、介護保険法第７２条第１項及び同法第１１５条の１１において準用する同法第７２条第１項の規定により指定があったものとみなされた居宅サービス事業及び介護予防サービス事業については、該当する欄に「みなし」と記入すること。また、「指定を受けようとする施設の種類」が「介護老人福祉施設」の場合には、併設する居宅サービス事業又は介護予防サービス事業で、別の申請書により申請するものについて、該当する欄に「併設」と記入すること。  ４　「更新年月日」の欄には、該当する欄に有効期間満了日の翌日を記載すること。  ５　「現に指定等を受けている事業又は施設の有効期間満了日」の欄には、現在の有効期間の満了日を記載すること。  ６　保険医療機関として既に医療機関コード等が付番されている「介護療養型医療施設」にあっては､そのコードを「医療機関コード等」の欄に記載すること。 |