**付表９－１（別紙）**

**地域密着型通所介護(療養通所介護)事業所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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２単位目 | 当該単位で同時に通所介護を行う利用者の数及び食堂・機能訓練室の面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | ㎡ |
| 単位別従業者の  職種・員数 | | | | 生活相談員 | | | | | | | | 看護職員 | | | | | | | | | | | 介護職員 | | | | | | | | 機能訓練指導員 | | | | | | | 病院・診療所・訪問看護ステーションとの連携の有無 | |
| 専従 | | | | 兼務 | | | | 専従 | | | | | | 兼務 | | | | | 専従 | | | | 兼務 | | | | 専従 | | | | 兼務 | | |  | |
|  | 常　勤（人） | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | |
| 非常勤（人） | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | 有　・　無 | |
| 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　　　　　～ | | | | | | | | | | | | | | | | | 日曜・祝日　　　　～ | | |
| サービス提供時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 専従 | | | | 兼務 | | | | 専従 | | | | | | 兼務 | | | | | 専従 | | | | 兼務 | | | | 専従 | | | | 兼務 | | | |
|  | 常　勤（人） | |  | | | |  | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | |
| 非常勤（人） | |  | | | |  | | | |  | | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | 有　・　無 | |
| 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 | | | | | | |  | |
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| 営業時間 | | 平日　　　　　～ | | | | | | | | | | | | | | | | | 土曜　　　　　～ | | | | | | | | | | | | | | | | | 日曜・祝日　　　　～ | | |
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| ４単位目 | 当該単位で同時に通所介護を行う利用者の数及び食堂・機能訓練室の面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | ㎡ |
| 単位別従業者の  職種・員数 | | | | | 生活相談員 | | | | | | | | 看護職員 | | | | | | | | | | | 介護職員 | | | | | | | | 機能訓練指導員 | | | | | | 病院・診療所・訪問看護ステーションとの連携の有無 | |
| 専従 | | | | 兼務 | | | | 専従 | | | | | | 兼務 | | | | | 専従 | | | | 兼務 | | | | 専従 | | | | 兼務 | |
|  | 常　勤（人） | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | |  | |
| 非常勤（人） | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | 有　・　無 | |
| 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　　　　　～ | | | | | | | | | | | | | | | | | 日曜・祝日　　　　～ | | |
| サービス提供時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |