**付表8－3　短期入所生活介護・介護予防短期入所生活介護事業所の指定に係る記載事項  
（本体施設が特別養護老人ホーム以外の場合の併設事業所型）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事　業　所 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | （郵便番号　　　　－　　　　）  尼崎市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | | 電話番号 | | | |  | | | | | | | | | | | | | | FAX番号 | | | |  | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管　理　者 | フリガナ | | |  | | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　　　－　　　　） | | | | | | | | | | | | | | |
| 氏　名 | | |  | | | | | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | | | | |
| 同一敷地内の他の事業所又は施設の従業者との兼務（兼務の場合記入） | | | | | | | | | | | 名称 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種 及び勤務時間等 | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 本体施設の種別 | | | | | | |  | | | | | | | | | | | | | | 短期入所利用者数 | | | | | | | | | | 人（推定数を記入） | | | | | | |
|  | | | 名称 | | | | |  | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | |
| 協力医療 | | | 名称 | | | | |  | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | |
| 機関 | | | 名称 | | | | |  | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | |
|  | | | 名称 | | | | |  | | | | | | | | | | | | | | 主な診療科名 | | | | | | | |  | | | | | | | |
| **人員に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業者の職種・員数 | | | | | | | | | | | | | 医師 | | | | | 生活相談員 | | | | | | | | | | 介護職員 | | | | | | 看護職員 | | | |
| 専従 | | | 兼務 | | 専従 | | | | | | | 兼務 | | | 専従 | | | | 兼務 | | 専従 | | | 兼務 |
|  | 本体施設の施設等従事人数 | | | | | 常勤（人） | | | | | | |  | | |  | |  | | | | | | |  | | |  | | | |  | |  | | |  |
| 非常勤（人） | | | | | | |  | | |  | |  | | | | | | |  | | |  | | | |  | |  | | |  |
| 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） | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | |  | | | |
| 基準上の必要人員（人） | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | 栄養士 | | | | | 機能訓練指導員 | | | | | | | | | | | 栄養士を配置しない場合の措置 | | | | | | | | |
| 専従 | | | 兼務 | | 専従 | | | | | | | | 兼務 | | |  | | | | | | | | |
| 本体施設の施設等従事人数 | | | | | 常勤（人） | | | | | | |  | | |  | |  | | | | | | | |  | | |  | | | | | | | | |
| 非常勤（人） | | | | | | |  | | |  | |  | | | | | | | |  | | |  | | | | | | | | |
| 短期入所生活介護従事人数 | | | | | 常勤（人） | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 非常勤（人） | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 基準上の必要人員（人） | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | |
| **設備に関する基準の確認に必要な事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 居室 | １室あたりの最大定員 | | | | | | | | | | | | | 人 | | | | | | |  | | | | | | | | | | | | |  | | |
| 利用者１人あたり最小面積 | | | | | | | | | | | | | ㎡ | | | | | | |  | | | | | | | | | | | | |  | | |
| 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | | ㎡ | | | | | | |  | | | | | | | | | | | | |  | | |
| 廊下 | 片廊下の幅 | | | | | | | | | | | | | ｍ | | | | | | |  | | | | | | | | | | | | |  | | |
| 中廊下の幅 | | | | | | | | | | | | | ｍ | | | | | | |  | | | | | | | | | | | | |  | | |
| 建物の構造 | | | | | | | | | | | □耐火建築物　　□準耐火建築物　　□その他（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本体施設の入所・入院定員 | | | | | | | | | | | 人 | | | | | | | | | 短期入所利用定員 | | | | | | | | | | | | | 人 | | | | |
| 主な掲示事項 | 利用料 | | | | | | | | | | 法定代理受領分 介護報酬の告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 介護報酬の告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | | | | | 運営規程のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の送迎の実施地域 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考 1　記入欄が不足する場合は、適宜欄を設けて記載するか又は別様に記載した書類を添付してください。

2　本様式は、本体施設が特別養護老人ホーム以外の場合であって、本体施設と一体的に運営が行われる事業所である

ときに使用してください。

3　管理者の兼務については、添付資料にて確認可能な場合は記載を省略することが可能です。