第２号様式（第４条関係）

付表　　**日中一時支援事業者の登録に係る記載事項**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | ﾌﾘｶﾞﾅ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | | | |  | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ＦＡＸ | | | | | | | |  | | | | | |
| 申請に係る事業の実施について  定めてある定款等 | | | | | | | | | | 第　　 条　第　　 項　第 　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者 | ﾌﾘｶﾞﾅ |  | | | | | | | | | | | | | | | 生年月日 | | | | | | | | 住所 | | | | 〒 | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | |  | | | | | | | |
| 兼務がある場合 | | | | | 申請に係る日中一時支援  事業所で兼務する他の職種 | | | | | | | | | | | | | | | | | | 兼務する同一敷地内の他の事業所又は施設 | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | | | | | | | | | | | | | | | | 兼務する職種 | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| 従業者 |  | | | | | | | | | 保育士 | | | | | | | | | | 小学校/幼稚園教員免許 | | | | | | | 児童指導員  (経験3年以上) | | | | | | | | 認定心理士  他同様の資格 | | | | | | | | | その他従業員 | | | |
| 専従 | | | | | 兼務 | | | | | 専従 | | | 兼務 | | | | 専従 | | | | 兼務 | | | | 専従 | | | | | | 兼務 | | | 専従 | | 兼務 | |
| 常　勤（人） | | | | | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |  | |
| 非常勤（人） | | | | | | | | |  | | | | |  | | | | |  | | |  | | | |  | | | |  | | | |  | | | | | |  | | |  | |  | |
| 常勤換算後の人員数（人） | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | |
| 施設・設備等 | 利　用　定　員 | | | | | | | | | | | |  | | | | | | | | | | | | | 人 | | | | | | |  | | | | | | | | | | | | | | |
| 建物の構造・概要 | | | | | | | | | | | | 構造 | | | | | | | |  | | | | | | | | | | | | 延床面積 | | | | | | |  | | | | | | | ㎡ |
| 居室 | | 居室の数 | | | | | | | | | |  | | | | | | | | | | | 室 | | 居室  以外 | | | | | | 食堂 | | | | | | 浴室 | | | | | 洗面  設備 | | 便所 | | |
| １室の最大人数 | | | | | | | | | |  | | | | | | | | | | | 人 | |
| １人あたりの最小床面積 | | | | | | | | | |  | | | | | | | | | | | ㎡ | | □ | | | | | | □ | | | | | □ | | □ | | |
| 適否 | | | | | | | | | |  | | | | | | | | | | | | |
| 主な掲示事項 | 営 業 日 | | | | 日 | | 月 | | 火 | | | 水 | | | | | | 木 | | | 金 | 土 | | | | 備考（その他年間の休日） | | | | | | | | | | |  | | | | | | | | | | |
| □ | | □ | | □ | | | □ | | | | | | □ | | | □ | □ | | | |
| 営業時間 | | | | 平　　日 | | | | | | | | | | |  | | | | | | | | | | | | 土　曜 | | | | | | | | | | | | | |  | | | | | |
| 日曜・祝日 | | | | | | | | | | |  | | | | | | | | | | | | 備　考 | | | | | | | | | | | | | |  | | | | | |
| 主たる対象者 | | | | 障害種別：□ 特に指定なし　□ 身体障害者　□ 知的障害者　□ 精神障害者  年齢種別： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利　用　料 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他参考事項 | | | | 第三者評価の実施の有無 | | | | | | | | | | | | | | 苦情解決の措置の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 窓口（連絡先） | | | | | | | | | | | | | | | | | 担当者 | | | | | | | | | | | |
| あり　　・　　なし | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| その他 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| バックアップ機関 | | | | | | | | 名称 | | | | | |  | | | | | | | | | | | | | | | | 施設の種別 | | | | | | | | |  | | | | | | | | |
| 協力医療機関 | | | | | | | | 名称 | | | | | |  | | | | | | | | | | | | | | | | 診療科目 | | | | | | | | |  | | | | | | | | |

（ 備　考 ）

・「その他の費用」には、利用者に直接金銭の負担を求める場合のサービス内容等を記載してください。

（ 添付書類 ）

１.運営規定 ２.事業所の平面図

３.事業所の管理者及びサービス提供責任者の氏名、経歴及び住所のわかる書類

４.苦情を処理するために講ずる措置の概要（参考様式３）

５.従業者の勤務体制及び勤務形態一覧表　　　６．従事者の資格を証明する書類

７．口座振込（変更）依頼書（兼　受領委任状）

※ 神奈川県に届け出た書類や既製の書類の写しで代えることができます。