**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の場合の併設事業所型)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受付番号 | | | | | | | |  | | | | | |
| 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 | | | | | | | |  | | | | |
| 管理者 | フリガナ | | | | |  | | | | | | | | | | | | | | 住所 | | | | （郵便番号　　　　－　　　　） | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　　名 | | | | |  | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | | | | | | | | |
| 兼務する同一敷地内の  他の事業所又は施設  （兼務の場合は施設） | | | | | | | | | | 名　称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兼務する職種  及び勤務時間等 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 空床型・併設型の別 | | | | | | | | | | | 空 床 型 ・ 併 設 型 | | | | | | | | | | | | | | | 本体施設の種別 | | | | | | | | | | |  | | | | | | | | | | | |
| 入所者数 | | | | 人（推定数を記入） | | | | | | | | | | | | | | | | | | | 短期入所利用者数 | | | | | | | | | | | 人（推定数を記入） | | | | | | | | | | | | | | |
| ※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） | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| 基準上の必要人数（人） | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| 適合の可否 | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  | | | | | | | | 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 | | | |
| 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） | | | | |  | | | | | | | | | | |
| 基準上の必要人数（人） | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| 適合の可否（人） | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
|  | 設備基準上の数値記載項目等 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 基準上の必要数値 | | | | | | | | | | | | | | | | 適合の可否 | |
| 居室 | | １室当りの最大定員 | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | 人以上 | | | | | | | | | | | | | | |  | | |
| 利用者１人あたり最小面積 | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | ㎡以上 | | | | | | | | | | | | | | |  | | |
| 廊下 | | 片廊下の幅 | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | ｍ以上 | | | | | | | | | | | | | | |  | | |
| 中廊下の幅 | | | | | | | | | | | | | | | ｍ | | | | | | | | | | | | | ｍ以上 | | | | | | | | | | | | | | |  | | |
| 食堂と機能訓練室の合計面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | ㎡以上 | | | | | | | | | | | | | | |  | | |
| 建物の構造が異様及び面積 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | |
| 主な掲示事項 | 入所・入院定員 | | | | | | | | | | | | 人 | | | | | | | | | | | | 短期入所利用定員数 | | | | | | | | | | | | | 人 | | | | | | | | | | |
| 利用料 | | | | | | | | | | | | 法定代理受領分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の送迎の実施地域 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 協力医療  機関 | | 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 主な診療科名 | | | | | | | | | | | | | | | | | | |
| メールアドレス | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | | | | | | 別添のとおり。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　備考１「受付番号」「適合の可否」欄は、記入しないでください。

　　　２　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。

　　　３「主な掲示事項」については、本欄の記載を省略し、別添資料として添付して差し支えありません。

　　　４　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。