付表別紙(通所介護サテライト用）

通所介護・介護予防通所介護事業者を主たる事業所の所在地以外の場所で一部実施する場合の記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| サテライト事業所 | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サテライトの名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サテライトの  所在地 | | | | | (郵便番号　　　　－　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| サテライトの  連絡先 | | | | | 電話番号 | | | | |  | | | | | | | | | | | | | | | | | | ＦＡＸ番号 | | | | | | | | |  | | | | | | | | | | |
| 実施単位数 | | | | | 単位 | | | | | 同時に通所介護の提供を受けることができる利用者の数の上限 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 人 | | |
| 単位ごとの状況 | | | | | | | | | | | | | １単位目 | | | | | | | | | | | ２単位目 | | | | | | | |  | | | | | | | | 合計 | | | | | | | |
|  | 定員 | | | | | | | | | | | | 人 | | | | | | | | | | 人 | | | | | | | | | |  | | | | | | | | 人 | | | | | | |
| 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | ㎡ | | | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | ㎡ | | | | | | |
| 一般型・療養型の別 | | | | | | | | | | | | 一般型・療養型 | | | | | | | | | | 一般型・療養型 | | | | | | | | | |  | | | | | | | |  | | | | | | |
| 単位別情報(１単位目) | 従業者 | |  | | | 生活相談員 | | | | | | | 看護師・准看護師 | | | | | | | | | 介護職員 | | | | | | | 機能訓練指導員 | | | | | | | | | 栄養職員 | | | | | | | 歯科職員 | | | |
| 専従 | | 兼務 | | | | | 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） | | |  | |  | | | | |  | | |  | | | | | |  | | | |  | | |  | | | | | |  | | |  | |  | | | | |  | | |  |
| 定　員 | | | 人 | | | | | | | | 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | |  | | | | | | | | |
| 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・祝 | | |  | | | | | ～ | | |  | |
| 送迎を除くサービス提供時間 | | | | | | | | | | | ：　　～　　：　　（　　時間　　分） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業の実施地域 | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考１　本別紙は、サテライト事業所を設置する場合に使用すること。

　　２　２単位目がある場合は、次頁の【２単位目以降】を使用してください。

３　記入欄が不足する場合は、別に記入した書類を添付すること。

付表別紙(通所介護サテライト用【２単位目以降】）

通所介護・介護予防通所介護事業者を主たる事業所の所在地以外の場所で一部実施する場合の記載事項

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| 事業所 | フリガナ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　　称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 単位別情報（　　単位目） | 従業者 |  | | | 生活相談員 | | | | | | 看護師・准看護師 | | | | | | | | 介護職員 | | | | 機能訓練指導員 | | | | | | 栄養職員 | | | | 歯科職員 | | |
| 専従 | | 兼務 | | | | 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） | | |  | |  | | | |  | |  | | | | | |  | |  | |  | | | |  | |  | |  | |  | |  |
| 定　員 | | 人 | | | | | | | 食堂及び機能訓練室の合計面積 | | | | | | | | | | | | | | | | ㎡ | | | | |  | | | | |
| 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・祝 | |  | | ～ | |  | |
| 送迎を除くサービス提供時間 | | | | | | | | | ：　　～　　：　　（　　時間　　分） | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 常　勤（人） | | |  | |  | | | |  | |  | | | | | |  | |  | |  | | | |  | |  | |  | |  | |  |
| 非常勤（人） | | |  | |  | | | |  | |  | | | | | |  | |  | |  | | | |  | |  | |  | |  | |  |
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| 営業日 | | 日 | 月 | | 火 | | 水 | | 木 | | 金 | | | | 土 | 祝 | | | その他  年間の休日 | | | | |  | | | | | | | | | | |
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| 営業日 | | 日 | 月 | | 火 | | 水 | | 木 | | 金 | | | | 土 | 祝 | | | その他  年間の休日 | | | | |  | | | | | | | | | | |
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