様式第７号（第９条関係）

□　開始

□　変更

□休止　□廃止

指定第１号通所事業所における宿泊サービスの開始等　　　　　　　　　届出書（※１）

　　年　　月　　日

野辺地町長　殿

法　人　所　在　地

名　　　　　　　称

代　表　者　氏　名　　　　　　　　　　　　　　　印

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本情報 | 事業所情報 | | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 事業所  番号 | | | | |  | | |  | | | |  | | | |  | |  | | | | |  | | |  | | | | |  |  | | | | |  |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 連絡先 | | | | | -　　　　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 責任者氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | （緊急時） | | | | | -　　　　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | （〒　　　-　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 宿泊サービスの開始・廃止・休止予定年月日  (既に開始している場合はその年月日) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 年 | | | | | |  | | | | 月 | | | | | | | | |  | | | | | | | 日 | | | | |  | | | |
| 宿泊サービス | | 利用定員 |  | | | | | | | | | | | | | | | | 提供日 | | | | | 月 | | | | | | | 火 | | 水 | | | | 木 | | | | | | | | | 金 | | | | | 土 | | | | | | | | 日 | | | | | | | 祝 | | |
|  | | | | | | |  | |  | | | |  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | |  | | |
| 提供時間 |  | | ： | | |  | | |  | | | | ～ | | | | |  | | | ： |  | | | | | | | その他年間の休日 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1泊あたりの  利用料金 | 宿泊 | | | | | | | | | | | | | | | | | | 夕食 | | | | | | | | | | | | | | | | | | | | | | | | 朝食 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 人員関係 | 人員 | | 宿泊サービスの提供時間帯を通じて配置する職員数 | 人 | | | | | | 時間帯での  増員（※２） | | | | | | | | | | | | 夕食介助 | | | | | | | |  | | | ： | | |  | | | | | | | ～ | |  | | | | | | | | ： | | |  | | | | | |  | | | | | | 人 | |
| 朝食介助 | | | | | | | |  | | | ： | | |  | | | | | | | ～ | |  | | | | | | | | ： | | |  | | | | | |  | | | | | | 人 | |
| 配置する職員の  保有資格等 | □ | 看護職員 | | | | | | | | □ | 介護福祉士 | | | | | | | | | | | | □ | | 左記以外の介護職員 | | | | | | | | | | | | | | | | | | □ | | | その他の有資格者（　） | | | | | | | | | | | | | | | | | | | | |
| 設備関係 | 宿泊室 | | 個室 | 合計 | | | | 床面積　（※３） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室 | | | | ㎡ | | | | | | | | | | ㎡ | | | | | | | | | | | | | ㎡ | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | ㎡ | | | | | | | | | | | | | ㎡ | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | |
| 個室以外 | 合計 | | | | 場所（※4） | | | | | | | | | 利用定員 | | | | | | | | | | | | 床面積(※3） | | | | | | | | | | プライバシー確保の方法(※5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室 | | | |  | | | | | | | | | 人 | | | | | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 人 | | | | | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 人 | | | | | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 人 | | | | | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 人 | | | | | | | | | | | | ㎡ | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 消防設備 | 消火器 | | | | □ | | | | 有 | | | | □ | | | | | | | | 無 | | | | スプリンクラー設備 | | | | | | | | | | | | | | | | | | □ | | | | | | 有 | | | | | | | | □ | | | | | | 無 | | | | |
| 自動火災報知設備 | | | | □ | | | | 有 | | | | □ | | | | | | | | 無 | | | | 消防機関へ通報する  火災報知設備 | | | | | | | | | | | | | | | | | | □ | | | | | | 有 | | | | | | | | □ | | | | | | 無 | | | | |

※１　事業開始前に届け出ること。なお、変更の場合は変更箇所のみ記載してください。

※２　時間帯での増員を行っていない場合は記載は不要です。

※３　小数点第二位まで（小数点第三位以下を切り捨て）記載してください。

※４　指定通所介護事業所の設備としての用途を記載してください。（機能訓練室、静養室等）

※５　プライバシーを確保する方法を記載してください。（衝立、家具、パーテーション等）