# 付表9－2　地域密着型通所介護（療養通所介護）事業所の指定に係る記載事項（２単位以上）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業所 | フリガナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 単　位 | 単位別従業者 |  | | | | | | 生活相談員 | | | | | | 看護職員 | | | | | 介護職員 | | | | 機能訓練指導員 | | | |  | |
| 専従 | | | 兼務 | | | 専従 | | | 兼務 | | 専従 | | 兼務 | | 専従 | | 兼務 | |  | |
| 常勤(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 非常勤(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 基準上の必要人数(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 定　　員 | | 人 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 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 | |  | | ～ | |  |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 単　位 | 単位別従業者 |  | | | | | | 生活相談員 | | | | | | 看護職員 | | | | | 介護職員 | | | | 機能訓練指導員 | | | |  | |
| 専従 | | | 兼務 | | | 専従 | | | 兼務 | | 専従 | | 兼務 | | 専従 | | 兼務 | |  | |
| 常勤(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 非常勤(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 基準上の必要人数(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 定　　員 | | 人 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 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 | |  | | ～ | |  |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 単　位 | 単位別従業者 |  | | | | | | 生活相談員 | | | | | | 看護職員 | | | | | 介護職員 | | | | 機能訓練指導員 | | | |  | |
| 専従 | | | 兼務 | | | 専従 | | | 兼務 | | 専従 | | 兼務 | | 専従 | | 兼務 | |  | |
| 常勤(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 非常勤(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 基準上の必要人数(人) | | | | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |
| 定　　員 | | 人 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 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 | |  | | ～ | |  |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | |