第１号様式（第２条・第４条関係）

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| 受付番号 |  |

介護保険法第115条の32第２項(整備)又は第４項

（区分の変更）に基づく業務管理体制に係る届出書

年　月　日

南さつま市長 　　　　様

事業者　名　　　称

代表者氏名

このことについて、下記のとおり関係書類を添えて届け出ます。

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| 事業者（法人）番号 | | | | | | Ａ | |  | |  | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  |
| １　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （１）　法第115条の32第２項関係（ 整備 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）　法第115条の32第４項関係（ 区分の変更 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２  事  業  者 | フリガナ  名称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 住所  (主たる事務所の所在地） | | | (郵便番号　 　-　　　　）  都 道　 郡 市  　　　　 府 県 　 区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | |  | | | | | | | | | | | | FAX番号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 法人の種別 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者の職名・  氏名・生年月日 | | | 職名 |  | | | | フリガナ | | | | | | |  | | | | | | | | | | | | | | | 生年  月日 | | | | | | 年 月 日 | | | | | | | | | | |
| 氏　名 | | | | | | |  | | | | | | | | | | | | | | |
| 代表者の住所 | | | (郵便番号　 　-　　　　）  都 道　 郡 市  　　　　 府 県 　 区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　事業所名称等及び所在地  ※欄内に書ききれない場合は「別紙」の添付で可 | | | | 事業所名称 | | | | | 指定(許可)年月日 | | | | | | | | | | 介護保険事業所番号  (医療機関等ｺｰﾄﾞ) | | | | | | | | | | | | | | | 所　在　地 | | | | | | | | | | | | | |
| 計　　カ所 | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| ４ 介護保険法施行規則第140条の40第1項第2号から第4号に基づく届出事項 | | | | 第2号 | | 法令遵守責任者の氏名(フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | |
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| 第3号 | | 業務が法令に適合することを確保するための規程の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第4号 | | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５  区分変更 | | 区分変更前行政機関名称、担当部(局)課 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 | | | | | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | |  | | | |  | | |  | | |  | |  | |  | |  | |  | |
| 区分変更の理由 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名称、担当部(局)課 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区　分　変　更　日 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 連絡先 | 所属 |  | ﾒｰﾙ  ｱﾄﾞﾚｽ |  | 電話  番号 |  |
| ﾌﾘｶﾞﾅ |  |
| 氏名 |  |

（別紙）事業所等一覧表

事業者名（　　　　 　　　　　　　　）

|  |  |  |  |  |
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|  | 事業所名称 | 指定(許可)年月日 | 介護保険事業所番号 | 所在地 |
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【事業所等の合計数　　　　カ所】

※　医療機関等のみなし指定事業所は含まず、介護予防事業所は行を分けて「（予防）」と記載してください。