付表１５－３　介護老人保健施設の許可に係る記載事項（ユニット型）（その１）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | 受付番号 | | | |  | | | | |
|
| 施　　　　　　設 | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | （郵便番号　　　－　　　）  　　　　　　　県　　　　　郡市 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 電話番号 | |  | | | | | | | | | | | | | | FAX番号 | | | |  | | | | | | |
| メールアドレス | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 管　理　者 | | フリガナ |  | | | | | | | | | | | 住 所 | | | (郵便番号　　　－　　　　) | | | | | | | | | | | | | |
| 氏 　名 |  | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | |
| 同一敷地内の他の事業所又は  施設の従業者との兼務  (兼務の場合はのみ記入) | | | | | ﾌﾘｶﾞﾅ | | | | | |  | | | | | | | | | | | | | | | | | |
| 名 称 | | | | | |  | | | | | | | | | | | | | | | | | |
| 兼務する職種 | | | | | | |  | | | | | | | | | | | | | | | | |
| 通所リハビリテーションの実施の有無 | | | | | | | | 有 ・ 無 | | | | | | | | | | 短期入所療養介護の実施の有無 | | | | | | | | | | 有 ・ 無 | | |
| 入居者の予定数 | | | | | | | 人 | | | | | | | | | | | 一日当たりの通所総利用者予定数 | | | | | | | | | | 人 | | |
| 従業者の職種･員数 | | | | | | | 医　師 | | | | | 薬剤師 | | | | | | 看護職員 | | | 介護職員 | | | | 理学療法士  作業療法士  言語聴覚士 | | | | 栄養士 | |
|  |  | | | | | | 専従 | | 兼務 | | | 専従 | | | 兼務 | | | 専従 | 兼務 | | 専従 | | 兼務 | | 専従 | | 兼務 | | 専従 | 兼務 |
| 介護老人保健施設及び通所  リハビリテーション従事人数 | | | | 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 | | | | | |  | | | | |  | | | | | |  | | |  | | | |  | | | |  | |
|  | | | | | | 支援相談員 | | | | | | 介護支援専門員 | | | | |  | | | | | | | | | | | | |
| 専従 | | | 兼務 | | | 専従 | | | 兼務 | |
| 介護老人保健施設及び通所  リハビリテーション従事人数 | | | | 常 勤(人) | |  | | |  | | |  | | |  | |
| 非常勤(人) | |  | | |  | | |  | | |  | |
| 基準上の必要人数(人) | | | | | |  | | | | | |  | | | | |
| 適合の可否 | | | | | |  | | | | | |  | | | | |