別記第1号様式(第2条・第4条関係)

|  |  |  |
| --- | --- | --- |
|  | 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

　豊島区長

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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 事業者(法人)番号 | | | | |  | | |  | | |  | |  | | |  | | |  | | |  | |  | | |  | |  | | |  | |  | | | |  | | |  | |  | |  | |  |
| 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  (主たる事務所の所在地) | | (郵便番号　　　―　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　　　―　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3　事業所名称等及び所在地 | | | 事業所名称 | | | | | | 指定(許可)年月日 | | | | | | | | | | | | | | 介護保険事業所番号  (医療機関等コード) | | | | | | | | | | | | | | | 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号までの規定に基づく届出 事 項 | | | 第2号 | | 法令遵守責任者の氏名(フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 連絡先 | 担当者 |  | 電話番号 |  |
| FAX |  | メールアドレス |  |