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| 受付番号 |  |

第1号様式

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

墨田区長　あて

事業者　名 　　 称

　　　　　　　　　　　　　　　 　　　代表者氏名

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | 事業者（法人）番号 | | | | | | |  | |  | |  | |  | | | |  | |  | |  |  | | |  | |  | | |  | | |  | |  | |  | |  | |  | |  | |
| １　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ⑴介護保険法第１１５条の３２第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑵介護保険法第１１５条の３２第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　　事　　　　業　　　　者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務  所の所在地 | (〒　　　　－　　　　　　)  　　　　　　　　　　都道　　　　　　　　　　　　区市  府県　　　　　　　　　　　　郡 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | (〒　　　　－　　　　　　)  　　　　　　　　　　都道　　　　　　　　　　　　区市  　　　　　　　　　　府県　　　　　　　　　　　　郡 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　　　 か所 | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 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号までに掲げる届出事項 | | 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及び担当部課 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | 年　　　　　　　　月　　　　　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

このことについて、次のとおり関係書類を添えて届け出ます。

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| 連絡先 | 所属 |  | メール  アドレス |  | 電話  番号 |  |
| フリガナ |  |
| 氏名 |  |