様式第１号（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

（区分変更）に基づく業務管理体制に係る届出書

　　年　　月　　日

福津市長　　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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | 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２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　　　－　　）  　福津市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連　絡　先 | 電話番号 | | | | |  | | | | | | | | | | | | | FAX番号 | | | | | | | | |  | | | | | | | | | | | | | | |
| 法人の種別 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者職・氏名等 | 職名 | |  | | | | | フリガナ | | | | | | | |  | | | | | | | | | | | | 生年  月日 | | | | | | | 年  　　月　日 | | | | | | | |
| 氏　　名 | | | | | | | |  | | | | | | | | | | | |
| 住所（主たる事務所の所在地） | （郵便番号　　　－　　）  　福津市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （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 | | | | | | | | | | | | 所　　　在　　　地 | | | | | | | | | | | | | | |
| 計　　ヵ所 | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| 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・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・担当部（局）課 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |