第７号様式（第９条、第11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

　　郡山市長

　　　　　　　　　　　　　　　　　　　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　（区分変更前）（区分変更後）】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　　　－　　　　）  　　　　　　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 | | | | | | | | |  | | | | | | | | | | | | |
| 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 | | 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 | | | | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 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 | | | | | | | 第３号 | | | | | | | | | | | | | | | | | | | | | 第４号 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５  区分変更 | 区分変更前行政機関名、担当部課名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者（法人）番号 | | | | | |  |  | |  | | | |  | |  | | |  | |  | |  | |  | | |  | | |  | | |  | | | |  | |  | |  | |  | | | |
| 区分変更の理由 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名、担当部課名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |