様式第１号（第２条、第４条関係）

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）の規定による業務管理体制に係る届出書

　　　年　　月　　日

（宛先）箕面市長

事業者　名　　　称

代表者氏名

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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|  | | | 事業者（法人）番号 | | | | | | | | | | | | | A | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  |  |  |
| １　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1)介護保険法第１１５条の３２第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)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 | | | | (〒　 　-　　　　）  大阪府箕面市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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　 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 | | | | | | | | | | | |
| 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号までに掲げる届出事項 | | | | | 第２号 | | 法令遵守責任者の氏名(ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | | | | | | | | | 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 | | | | | | | | | | A |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | |  | | | | | | |