様式第１号（第２条、第４条関係）

令和３年３月20日

北上市長　様

事業者　名　　　称　株式会社●●●

代表者氏名　理事長　●●　●●　印

介護保険法第115条の32第２項又は第４項に基づく業務管理体制に係る届出書

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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 事業者（法人）番号 | | | | | | | A | | | | 0 | | 0 | | 0 | | | 0 | | 0 | | 0 | | | 0 | | | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 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 | 名称 | | 株式会社●●● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所（主たる事務所の所在地） | | （〒024-0095）  北上市芳町１番１号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | TEL | | | 0197-64-2111 | | | | | | | | | | | | FAX | | | | | | | | 0197-64-2111 | | | | | | | | | | | | | | | | | | | | | | |
| 法人の種別 | | 営利法人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者の職名・  氏名・生年月日 | | 職名 | 代表取締役 | | | | 氏名 | | ●●　●● | | | | | | | | | | | | | | | | | | | 生年  月日 | | | | | | | 昭和●年  ●月●日 | | | | | | | | | | | | |
| 代表者の住所 | | （〒024-0071）  北上市上江釣子17地割201番地2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| ○○デイサービス（通所介護）他別紙  計　９か所 | | | | 平成30年４月１日 | | | | 0320600000 | | | | | | | | | | | | | | | | | | | | | | | | | 北上市和賀町横川目11地割160番地 | | | | | | | | | | | | |
| 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 | | 法令遵守責任者の氏名 | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | | |
| ●●　●● | | | | | | | | | | | | | | | | | | | | | | | 昭和●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 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更年月日 | | | | | | | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |