付表６（用紙　日本工業規格Ａ４縦型）

多機能型による事業を実施する場合の総括表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 主たる事業所 | | フリガナ | | | | |  | | | | | | | | | | | 実施するサービス |
| 名称 | | | | |  | | | | | | | | | | |  |
| 所在地 | | | | |  | | | | | | | | | | | |
| （郵便番号　　　　-　　　　） | | | | | | | | | | | |
| 連絡先 | | | | | 電話番号 |  | | | | FAX番号 | |  | | | | |
| 従たる事業所① | | フリガナ | | | | |  | | | | | | | | | | 実施するサービス | |
| 名称 | | | | |  | | | | | | | | | |  | |
| 所在地 | | | | |  | | | | | | | | | | | |
| （郵便番号　　　　-　　　　） | | | | | | | | | | | |
| 連絡先 | | | | | 電話番号 |  | | | | FAX番号 | |  | | | | |
| 従たる事業所② | | フリガナ | | | | |  | | | | | | | | | 実施するサービス | | |
| 名称 | | | | |  | | | | | | | | |  | | |
| 所在地 | | | | |  | | | | | | | | | | | |
| （郵便番号　　　　-　　　　） | | | | | | | | | | | |
| 連絡先 | | | | | 電話番号 |  | | | | FAX番号 | |  | | | | |
| 従たる事業所③ | | フリガナ | | | | |  | | | | | | | | 実施するサービス | | | |
| 名称 | | | | |  | | | | | | | |  | | | |
| 所在地 | | | | |  | | | | | | | | | | | |
| （郵便番号　　　　-　　　　） | | | | | | | | | | | |
| 連絡先 | | | | | 電話番号 |  | | | | FAX番号 | |  | | | | |
| 従たる事業所④ | | フリガナ | | | | |  | | | | | | | | | | | |
| 名称 | | | | |  | | | | | | | | | | | |
| 所在地 | | | | |  | | | | | | | | | | | |
| （郵便番号　　　　-　　　　） | | | | | | | | | | | |
| 連絡先 | | | | | 電話番号 |  | | | | FAX番号 | |  | | | | |
| 主たる対象とする障害の種類 | | | | | | | 特定無し・難聴・重症心身障害・その他 | | | | | | | | | | | |
| 実施事業 | | | | 児童発達支援 | | | 医療型児童発達支援 | | 放課後等デイ | | 保育所等  訪問支援 | |  | | | | | |
| サービス単位 | | | サービス単位 | |
| 有 | | 無 | 有 | 無 |
|  | 主たる事業所 | | |  | | |  | |  | |  | |
| 従たる事業所 | | |  | | |  | |  | |  | |
| 定員緩和措置の有無 | | | | | | | 有　　　・　　　無 | | | | | | | | | | | |
| 定員 | | | 合計 | | 児童発達  支援 | | 医療型児童発達支援 | | 放課後等デイ | | 保育所等  訪問支援 | |  | | | | | |
| 合計 | | |  | |  | |  | |  | |  | |
| 主たる事業所 | | |  | |  | |  | |  | |  | |
| 従たる事業所 | | |  | |  | |  | |  | |  | |

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| 従業者の職種及び員数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 児童発達支援  管理責任者 | | | | | 医師  (嘱託医含む) | | | | | 児童指導員 | | | | | 保育士 | | | | | | | 指導員 | | 看護師 | | | |  | | | |
| 専従 | | | 兼務 | | 専従 | | 兼務 | | | 専従 | | | | 兼務 | | | | 専従 | | 兼務 | 専従 | | 兼務 | 専従 | | 兼務 | |
| 合計 | 従業者数 | 常勤(人) | | |  | | |  | |  | |  | | |  | | | |  | | | |  | |  |  | |  |  | |  | |
| 非常勤(人) | | |  | | |  | |  | |  | | |  | | | |  | | | |  | |  |  | |  |  | |  | |
| 常勤換算後の人員(人) | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
| ※基準上の必要人員(人) | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
| 主たる事業所 | 従業者数 | 常勤(人) | | |  | |  | | |  | | |  | |  | | |  | | | | |  | |  |  | |  |  |  | | |
| 非常勤(人) | | |  | |  | | |  | | |  | |  | | |  | | | | |  | |  |  | |  |  |  | | |
| 常勤換算後の人員(人) | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
| ※基準上の必要人員(人) | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
| 従たる事業所 | 従業者数 | | 常勤(人) | |  |  | | | |  | | |  | |  | | |  | | | | |  | |  |  | |  |  | |  | |
| 非常勤(人) | |  |  | | | |  | | |  | |  | | |  | | | | |  | |  |  | |  |  | |  | |
| 常勤換算後の人員(人) | | | |  | | | | |  | | | | |  | | | | | | | |  | | |  | | | | | | |
| ※基準上の必要人員(人) | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | |
|  | | | | | 理学療法士 | | | | | | 作業療法士 | | | | 言語聴覚士 | | | | | | | 機能訓練  担当職員 | | | | 訪問支援員 | | | 栄養士 | | | | 調理員 | | | |
| 専従 | | | 兼務 | | 専従 | | 兼務 | | 専従 | | | | | 兼務 | | | | 専従 | | 兼務 | 専従 | | 兼務 | 専従 | | 兼務 | | 専従 | 兼務 | | |
| 合計 | 従業者数 | | | 常勤(人) |  | | |  | |  | |  | |  | | | | |  | | | |  | |  |  | |  |  | |  | |  |  | | |
| 非常勤(人) |  | | |  | |  | |  | |  | | | | |  | | | |  | |  |  | |  |  | |  | |  |  | | |
| 常勤換算後の人員(人) | | | |  | | | | |  | | | |  | | | | | | | | | | | |  | | |  | | | |  | | | |
| ※基準上の必要人員(人) | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| 主たる事業所 | 従業者数 | | 常勤(人) | |  | | | |  |  | | |  |  | | |  | | | |  | | |  | |  | |  |  | | |  |  | | |  |
| 非常勤(人) | |  | | | |  |  | | |  |  | | |  | | | |  | | |  | |  | |  |  | | |  |  | | |  |
| 常勤換算後の人員(人) | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| ※基準上の必要人員(人) | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| 従たる事業所 | 従業者数 | | 常勤(人) | |  | | |  | |  | | |  |  | |  | | | | |  | | | |  |  | |  |  | | |  |  | |  | |
| 非常勤(人) | |  | | |  | |  | | |  |  | |  | | | | |  | | | |  |  | |  |  | | |  |  | |  | |
| 常勤換算後の人員(人) | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| ※基準上の必要人員(人) | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | |

備考　記入欄が不足する場合は、適宜欄を設けて記入すること。