付表11（用紙　日本工業規格Ａ４縦型）

|  |  |  |
| --- | --- | --- |
|  | ※受付番号 |  |

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 | | |  | | | | | | | | | | | | | | | | | 実施するサービスの種類 | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | | |  | | | | | |
| 所在地 | | | （郵便番号　　　　-　　　　） | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | |  | | | | | | | FAX番号 | | |  | | | | | | | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | |
| 従たる事業所① | | | フリガナ | | |  | | | | | | | | | | | | | | | | | 実施するサービスの種類 | | | | | |
| 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 | | |  | | | | | | | | | | | | | | | | 実施するサービスの種類 | | | | | | |
| 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 | | |  | | | | | | | | | | | | | | | | 実施するサービスの種類 | | | | | | |
| 名称 | | |  | | | | | | | | | | | | | | | |  | | | | | | |
| 所在地 | | | （郵便番号　　　　-　　　　） | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | 電話番号 | | |  | | | | | | | FAX番号 | | |  | | | | | | | | | |
| 主たる対象者  （該当するものに丸） | | | | | | 特定無し・身体障害者（細分無し、肢体不自由、視覚障害、聴覚・言語障害、  内部障害）・知的障害者・精神障害者・指定難病 | | | | | | | | | | | | | | | | | | | | | | |
| 平均障害支援区分  （生活介護のみ） | | | | | | 申告する障害支援区分の平均値 | | | | | | | | | | | | | | | | | | | | | | |
| ４未満 | | | | | | | | ４以上５未満 | | | | | | | | | | ５以上 | | | | |
|  | 前年度の平均  実利用者数 | | | サービス単位Ⅰ | |  | | | | | | | |  | | | | | | | | | |  | | | | |
| サービス単位Ⅱ | |  | | | | | | | |  | | | | | | | | | |  | | | | |
| サービス単位Ⅲ | |  | | | | | | | |  | | | | | | | | | |  | | | | |
| 実施事業 | | | | | | 生活介護 | | | | 自立訓練  （機能訓練） | | | | 自立訓練  （生活訓練） | | | | 就労移行支援  （一般） | | | | | | 就労移行支援  （資格取得） | | | | 就労継続支援  （Ａ型） |
| サービス単位 | | | |
| 有 | | 無 | |
|  | | | |  | | | |  | | | |  | | | | | |  | | | |  |
|  | | 主たる事業所 | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  |
| 従たる事業所 | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | |  |
| 実施事業 | | | | | | 就労継続支援  （Ｂ型） | | | | | 児童発達支援 | | | | 医療型児童発達支援 | | | | | 放課後等デイサービス | | | | | | 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 | | 生活介護 | | | | | 自立訓練  （機能訓練） | | | | | 自立訓練  （生活訓練） | | | | 就労移行支援  （一般） | | | | | | 就労移行支援  （資格取得） | | | |
|  | | 合計 | | |  | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | |
|  | | 主たる事業所 | | |  | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | |
|  | | 従たる事業所 | | |  | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | |
|  | |  | | | 就労継続支援  （Ａ型） | | 就労継続支援  （Ｂ型） | | | | | 児童発達支援 | | | | | 医療型児童発達支援 | | | | 放課後等デイサービス | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | サービス  管理責任者 | | | | | | | 医師 | | | | | 看護職員 | | | | | | | | | | | | | | | |  | | | |
| 合計 | | | | | 保健師 | | | | 看護師 | | | 准看護師 | | | |
| 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) | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | | | | | | |
|  | | | | | 理学療法士等 | | | | | | | | | | | | | | | | | | | | | 生活支援員 | | | | | | | | | | |
| 合計 | | | | | | | 理学療法士 | | | | 作業療法士 | | | | | | 機能訓練指導員 | | | | 合計 | | | 通所 | | | | 訪問 | | | |
| 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) | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | |
|  | | | | | 職業指導員 | | | | | | | | | | | | | | | | | 就労支援員 | | | | その他の  従業者 | | |  | | | | | | | |
| 合計 | | | | | | | 右以外 | | | | 兼教官 | | | | | |
| 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

　１　※印欄には、記入しないこと。

　２　記入欄が不足する場合は、適宜欄を設けて記入すること。