第１号様式

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| 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

（あて先）横須賀市長

　　　　　　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（記入不要） | | | | | | | | | | | Ａ | | | １ | | | ４ | | |  | |  | |  | | |  | | |  | | | |  | |  | | |  | | |  | |  | |  | |  |  |  | |
| １　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | （１）法第 115条の32第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | 該当するほうに○印を付してください | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | 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 | | | | | | | | | | | | |
| 別紙のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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号までの規定に基づく届出事項 | | | 第２号 | | 法令遵守責任者の氏名(ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | |  |  |  | | |  | | |  | | |  | |  | |  | | |  | |  | | |  | | | |  | |  | | |  | | |  |  |  | |  | | | |
| 区分変更の理由 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 区分変更日 | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（別紙）事業所名称等及び所在地

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| 番号 | 事業所名称 | 指定（許可）年月日 | 介護保険  事業所番号 | サービス名 | 所在地 |
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