第33号様式(第26条関係)

業務管理体制に係る届出書

年　　月　　日

　(宛先)春日井市長

事業者　住所

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 | | |  | |  | | |  |  | |  |  |  |  |  |  |  | |  |  |  | |  |  |  |
| 1　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 法第115条の32第2項関係(整備) | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 法第115条の32第4項関係(区分の変更) | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| ２　事業者 | 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法人の種別 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者 | 職名 |  | | 氏名 | |  | | | | | | | | | | | | | | 生年月日 | | | |  | | | |
| 住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3　事業所名称等及び所在地 | | 事業所名称 | | 指定年月日 | | | | | | 介護保険事業所番号 | | | | | | | | | | | 所在地 | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 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号までに基づく届出事項 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 区分変更後行政機関名称、担当部(局)課 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | |  | | | | | | | | | | | | | | | | | | | |