様式第７号（第８条関係）

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| 受付番号 |  |

指定特定相談支援事業者・指定障害児相談支援事業者業務管理体制の整備に関する事項の届出書

年　　月　　日

　春日部市長　あて

　所 在 地 　 ○

　　　　　事業者 　名　　称 　 ○

　 代表者名 　　 印

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 | | | | |  |  | |  | | |  | | |  | | |  | |  | |  | |  | |  | | | | |  | |  | |  | |  | |  | |  | |  | |  | |
| 届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ⑴　障害者の日常生活及び社会生活を総合的に支援するための法律第５１条の３１第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ⑵　児童福祉法第２４条の３８第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑶　障害者の日常生活及び社会生活を総合的に支援するための法律第５１条の３１第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ⑷　児童福祉法第２４条の３８第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事　　業　　者 | フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称又は氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  （主たる事務所の所在地） | | （〒　　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 代表者の住所 | | （〒　　　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 事業所名称等  及び所在地 | | | 事業所名称 | | | 指定年月日 | | | | | | | | 事業所番号 | | | | | | | | | | | | | | | 所　在　地 | | | | | | | | | | | | | | | | | | |
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| 計　　　か所 | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 業務管理体制に  関する届出事項 | | | 法令遵守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 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  （指定を受けている事業所の数が２０以上である場合に限る。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業務執行の状況の監査の方法の概要  （指定を受けている事業所の数が１００以上である場合に限る。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |