様式第3号の3(第5条の2関係)

指定障害福祉サービス事業者等業務管理体制届出書

年　　月　　日

　福井県知事　様

所在地

申請者　名称

代表者氏名

|  |  |  |
| --- | --- | --- |
| 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2第2項  第51条の2第4項  第51条の31第2項  第51条の31第4項 | の規定 |

により、次のとおり届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 事業者(法人)番号 |  | |  | |  |  | | |  | | |  | | | |  | |  | | | | |  | | | |  | | | |  | | |  | | | | |  | | |  | | |  |  |  |
| 1　届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1)　業務管理体制の整備(法第51条の2第2項または第51条の31第2項) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)　届出先の区分変更(法第51条の2第4項または第51条の31第4項) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | フリガナ  名称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所  (主たる事務所の所在地) | | (郵便番号　　　―　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 都道  　　　　　府県 | | | | | | | | | | | | | | | | | | | | 郡市  区 | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | 電話番号 | | | | |  | | | | | | | | | | | | | FAX番号 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 法人である場合その種別 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  　　　　　府県 | | | | | | | | | | | | | | | | | | | 郡市  区 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3　事業所名称等および所在地 | | | 事業所名称 | | | | | | 指定年月日 | | | | | | | | | | | | | | | | | 事業所番号 | | | | | | | | | | | | | | | | | | 所在地 | | | | |
| 計　　箇所 | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | |
| 4　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施行規則第34条の28(第34条の62)第1項第2号から第4号に基づく届出事項 | | | (1)　第2号 | | | | | | 法令遵守責任者の氏名(フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| (2)　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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3)　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)課名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)課名 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考

　1　「1　届出の内容」欄の上段の「事業者(法人)番号」欄には記載しないでください。

　2　「1　届出の内容」欄および「4　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施行規則第34条の28(第34条の62)第1項第2号から第4号に基づく届出事項」欄については、該当する括弧付きの番号を○で囲んでください。