様式第２３号の１０（第１４条の１３関係）

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

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に基づく業務管理体制の整備に関する事項の届出書

年　　　月　　　日

（宛先）高崎市長

事業者　住　　　所

名　　　称

代　表　者

下記のとおり、関係書類を添えて届け出ます。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | 事業者（法人）番号 | | | | | |  | |  | | |  | | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |
| １ | 届出の内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （１）法第５１条の２第２項、第５１条の３１第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）法第５１条の２第４項、第５１条の３１第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　　　　　　　　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　事業所の詳細（複数箇所ある場合は別紙に記載） | | 事業所名称 | | | | | 指定年月日 | | | | | | | | 事業所番号 | | | | | | | | | | | | 所　在　地 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 年　月　日 | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ４　事業者の区分 | | （１）指定障害福祉サービス事業者及び指定障害者支援施設等の設置者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）指定相談支援事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　業務管理体制の整備に関する届出事項 | | 第２号 | | | 法令遵守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | | 法令遵守責任者の生年月日 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ６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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |