様式第１号（第２条，第４条関係）

年　　月　　日

水戸市長　様

事業者　　名　　　称

代表者氏名

障害者総合支援法に基づく業務管理体制整備（区分変更）届出書

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1) 法第51条の２第２項又は第51条の31第２項関係（整備） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) 法第51条の２第４項又は第51条の31第４項関係（区分の変更） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事　業　者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | 該当する番号に○をつけてください。（新規の場合は整備を選んでください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務所の所在地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　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 | | | | | | | | | | | 事業の種別 | | | | | | | | | | | | | | 所在地 | | | | | | | | | | | | |
| 計　　か所 | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| ４　事業者の区分 | | (1) 法第51条の２（指定障害福祉サービス事業者又は指定障害者支援施設の設置者）  「２　事業者」と「３　事業所名称等及び所在地」の欄はご記載ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) 法第51条の31（指定一般相談支援事業者又は指定特定相談支援事業者）  （１）に○をつけてください | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　法施行規則第34条の28第１項第２号から第４号まで及び第34条の62第１項第２号から第４号までに基づく届出事項 | | 第２号 | 法令遵守責任者の氏名（フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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２号にのみご記載ください | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第４号 | 業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ６　区分変更 | 区分変更前の行政機関名称・担当部（局）課 | | | | | | | | ６区分変更の欄はご記載いただかなくて結構です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更前の事業者（法人）番号 | | | | | | | |  | | |  | |  | |  | | |  | |  | | |  | |  | |  | | | |  | |  | | | |  | |  | |  | |  | |  | |  |
| 区分変更の理由 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後の行政機関名称・担当部（局）課 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

連絡先については，届出内容の問い合わせ先を御記入ください

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| --- | --- | --- | --- | --- |
| 連絡先 | 所属 |  | 電話番号 |  |
| フリガナ  氏名 |  | Email |  |