様式第１号(第２条関係)

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| --- | --- | --- | --- |
|  | 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

　（あて先）八尾市長

事業者　名称

代表者氏名

このことについて、下記のとおり関係書類を添えて届け出ます。

記

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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、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　　―　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 都道府県 | | | | |  | | | | | | | | | | | | | 郡　市  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　　―　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 都道府県 | | | | |  | | | | | | | | | | | | | | 郡市  区 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| (ビルの名称等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　事業所の名称等及び所在地 | | | 事業所の名称 | | | | | | 指定年月日 | | | | | | | | | | | | 事業所番号 | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | |
| 計　　か所 | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 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上の該当する条文(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及び指定障害者支援施設の設置者) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)　法第51条の31(指定相談支援事業者) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　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号までに揚げる届出事項 | | | 第２号 | | 法令遵守責任者の氏名(フリガナ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 | 区分変更前の行政機関の名称及び担当部課 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者(法人)番号 | | | | | | | | | | | |  |  | | |  | |  | | |  | | | | |  | |  | |  | | |  | | | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 区分変更の理由 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更後の行政機関の名称及び担当部課 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分変更日 | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |