様式第12号

指定障がい福祉サービス事業者・指定障がい者支援施設等業務管理体制の整備に関する事項の届出書

年　　月　　日

　　(宛先)福岡市長

|  |  |
| --- | --- |
| 事業者 | (郵便番号　　　　　―　　　　　)  　所在地  　名称  　代表者 |

　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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1　届出の内容(該当項目に○を付けること。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1) | 法第51条の2第2項関係(整備) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) | 法第51条の2第4項関係(区分の変更) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | 事業者(法人)番号  ※記載不要 | |  |  | |  | |  |  | |  | |  |  | |  | |  | | | |  | | |  | |  | | |  | |  | |  | | |  | | | |  | | | | | | | | | | |
| 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　事業所名称等及び所在地 | | | 事業所名称 | | | | | | | | | 指定年月日 | | | | | | | | | | | | サービスの種類 | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 計　　ヶ所 | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 4　障害者総合支援法施行規則第34条の28第1項第2号から第4号までに基づく届出事項(該当項目全てに○を付けること。) | | | 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(概要を添付) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第4号 | | | |  | | | 業務執行の状況の監査の方法の概要(概要を添付) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　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  ※変更前の行政機関が付した番号 | | | | | | | | | | | | | |  | |  | | | |  | |  | | |  | | |  | |  | |  | |  | | | |  | | |  |  | | |  |  |  |  |  |  |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

様式第13号

指定障がい福祉サービス事業者・指定障がい者支援施設等業務管理体制の整備に関する

事項の届出書(届出事項の変更)

年　　月　　日

　　(宛先)福岡市長

|  |  |
| --- | --- |
| 事業者 | (郵便番号　　　　―　　　　　　)  所在地  名称  代表者 |

　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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 事業者(法人)番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 変更があった事項 | | | | | | | | | | | | | | | | | | |
| 1　法人の種別及び名称(フリガナ)　　　2　主たる事務所の所在地，電話及びFAX番号  3　代表者氏名(フリガナ)及び生年月日　　　　4　代表者の住所及び職名  5　事業所名称等及び所在地  6　法令遵守責任者の氏名(フリガナ)及び生年月日  7　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  8　業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| 変更の内容 |
| (変更前) |
| (変更後) |

備考　該当項目番号に○を付けてください。

様式第14号　　指定一般相談支援事業者・指定特定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

　　(宛先)福岡市長

|  |  |
| --- | --- |
| 事業者 | (郵便番号　　　　　―　　　　　)  　所在地  　名称  　代表者 |

　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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1　届出の内容(該当項目に○を付けること。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (1) | 法第51条の31第2項関係(整備) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) | 法第51条の31第4項関係(区分の変更) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　事業者 | 事業者(法人)番号  ※記載不要 | |  |  | |  | |  |  | |  | |  |  | |  | |  | | | |  | | |  | |  | | |  | |  | |  | | |  | | | |  | | | | | | | | | | |
| 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　事業所名称等及び所在地 | | | 事業所名称 | | | | | | | | | 指定年月日 | | | | | | | | | | | | サービスの種類 | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 計　　ヶ所 | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 4　障害者総合支援法施行規則第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(該当項目全てに○を付けること。) | | | 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(概要を添付) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 第4号 | | | |  | | | 業務執行の状況の監査の方法の概要(概要を添付) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　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  ※変更前の行政機関が付した番号 | | | | | | | | | | | | | |  | |  | | | |  | |  | | |  | | |  | |  | |  | |  | | | |  | | |  |  | | |  |  |  |  |  |  |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

様式第15号

指定一般相談支援事業者・指定特定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(届出事項の変更)

年　　月　　日

　　(宛先)福岡市長

|  |  |
| --- | --- |
| 事業者 | (郵便番号　　　　―　　　　　　)  所在地  名称  代表者 |

　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。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 事業者(法人)番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 変更があった事項 | | | | | | | | | | | | | | | | | | |
| 1　法人の種別及び名称(フリガナ)　　　2　主たる事務所の所在地，電話及びFAX番号  3　代表者氏名(フリガナ)及び生年月日　　　　4　代表者の住所及び職名  5　事業所名称等及び所在地  6　法令遵守責任者の氏名(フリガナ)及び生年月日  7　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  8　業務執行の状況の監査の方法の概要 | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| 変更の内容 |
| (変更前) |
| (変更後) |

備考　該当項目番号に○を付けてください。