**第４号様式**（第３条の３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

高知県知事　　殿

事業者　名　　　称

　　　　代表者氏名　　　　　　　　印

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。

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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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称又は氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| メールアドレス | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　事業所名称等  　　及び所在地 | | | 別紙のとおり　　計　　　ヶ所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　障害者自立支援法上の該当する条文（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等の設置者） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）法第51条の31（指定相談支援事業者） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　障害者自立支援法施行規則第34条の28及び第34条の62第１項第２号から第４号に基づく届出事項 | | | 第２号 | | 法令遵守責任者の氏名（ﾌﾘｶﾞﾅ） | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（日本産業規格Ａ列４番）

第４号様式（別紙）

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| 事業所名称 | 指定年月日 | 事業所番号 | サービス種別 | 所在地 |
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※行が足りない場合は適宜追加してください。

※サービス種別欄にはサービスごとに記入してください（例えば居宅介護・重度訪問介護・同行援護を実施している事業所の場合は、それぞれ１行ずつに分けて記入してください。）。