様式第１号

障害者総合支援法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）高槻市長

法人名称

　　　　代表者の職・氏名

みだしのことについて、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 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 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 | | | 事業所名称 | | | | | 指定年月日 | | | | | | | | 事業所番号 | | | | | | | | | | | | | | | | | | 所　在　地 | | | | | | | | | | | | | | | |
| 計　　ヵ所 | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 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  （指定障がい福祉サービス事業者及び指定障がい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 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |