# 第32号様式の３（第18条の２関係）

障害児通所支援事業所　変更指定申請書

年 月 日

（あて先）八戸市長

所在地

申請者　名　称

代表者

児童福祉法に規定する障害児通所支援事業所（特定障害児通所支援事業所）に係る変更指定を受けたいので、下記のとおり、関係書類を添えて申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請者 （ 設置者 ） | フリガナ  名　　称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事務所の  所　在　地 | | | | | | | | | | （郵便番号 ― ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 県 郡 ・市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連　絡　先 | | | | | | | | | | 電話番号 | | | | | | | |  | | | | | | | | | | | | | FAX番号 | | |  | | | | | | | | | | | | | |
| E-mailアドレス | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者の職・氏名 | | | | | | | | | | 職名 | | | | | |  | | | | | | | | | | | | | | フリガナ | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | 氏 名 | | | | | | | | | | | | | | | | | |
| 代 表 者 の 住 所 | | | | | | | | | | （郵便番号 ― ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 県 郡 ・市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更指定を受けようとする事業所等の種類 | フリガナ  名　　称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所等の  所在地 | | | | | | | | | | （郵便番号 ― ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 県 郡 ・市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （ビルの名称等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所等の  連絡先 | | | | | | | | | | 電話番号 | | | | | | | | |  | | | | | | | | | | | | FAX番号 | | |  | | | | | | | | | | | | | |
| E-mailアドレス | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 事　業　所　番　号 | | | | | | | | | | | | | | | | 事　業　等　の　種　類 | | | | | | | | | | | | | | | | 該当  事業 | | | | 変更指定申請をする  事業等の変更予定年月日 | | | | | | | | 付表  様式 | | | |
| 0 | 2 |  |  |  |  | |  | |  | | |  | |  | | 児童発達支援事業者（福祉型児童発達支援センター） | | | | | | | | | | | | | | | | □ | | | |  | | | | | | | | 付表１ | | | |
| 0 | 2 |  |  |  |  | |  | |  | | |  | |  | | 児童発達支援事業者（福祉型児童発達支援センター以外） | | | | | | | | | | | | | | | | □ | | | |  | | | | | | | | 付表２ | | | |
| 0 | 2 |  |  |  |  | |  | |  | | |  | |  | | 放課後等デイサービス | | | | | | | | | | | | | | | | □ | | | |  | | | | | | | | 付表３ | | | |
| 0 | 2 |  |  |  |  | |  | |  | | |  | |  | | 福祉型障害児入所施設 | | | | | | | | | | | | | | | | □ | | | |  | | | | | | | | 付表８ | | | |
| 0 | 2 |  |  |  |  | |  | |  | | |  | |  | | 医療型障害児入所施設 | | | | | | | | | | | | | | | | □ | | | |  | | | | | | | | 付表９ | | | |
| 変更の内容 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同一所在地内において行う事業等の種類及び事業所番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | 0 | | 2 | | |  | |  | |  | |  | | |  |  | | |  |  |  |  | | | | | | 0 | | 2 | |  |  |  |  |  |  |  | |  | |  |
|  | | | | | | | 0 | | 2 | | |  | |  | |  | |  | | |  |  | | |  |  |  |  | | | | | | 0 | | 2 | |  |  |  |  |  |  |  | |  | |  |
|  | | | | | | | 0 | | 2 | | |  | |  | |  | |  | | |  |  | | |  |  |  |  | | | | | | 0 | | 2 | |  |  |  |  |  |  |  | |  | |  |
|  | | | | | | | 0 | | 2 | | |  | |  | |  | |  | | |  |  | | |  |  |  |  | | | | | | 0 | | 2 | |  |  |  |  |  |  |  | |  | |  |

（備考）

１ 事業を事業所在地以外の場所（従たる事業所）で一部実施する場合、従たる事業所に係る付表も作成し、添付してください。

２　「同一所在地内において行う事業等の種類及び事業所番号」欄には、市内において既に事業所としての指定を受け、番号が付番されている場合に、その事業等の種類及び事業所番号を記載してください。複数の番号を有する場合には、適宜様式を補正して、そのすべてを記載してください。