

事業所名(  )

別紙1

開設1年目

開設月

|         | 開設前 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | 合計 | 備考 |
|---------|-----|------|------|------|------|------|------|------|------|------|------|------|------|----|----|
| 契約者数    |     |      |      |      |      |      |      |      |      |      |      |      |      | -  |    |
| 延べ通い人数  |     |      |      |      |      |      |      |      |      |      |      |      |      | -  |    |
| 延べ泊まり人数 |     |      |      |      |      |      |      |      |      |      |      |      |      | -  |    |
| 延べ訪問人数  |     |      |      |      |      |      |      |      |      |      |      |      |      | -  |    |

収入

単位:千円

|            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 介護報酬(9割分)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 介護報酬(1割分)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 宿泊費(泊まり費用) |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 食材料費       |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| その他        |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 合計         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |

支出

開設月

単位:千円

|         | 開設前 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | 合計 | 備考 |
|---------|-----|------|------|------|------|------|------|------|------|------|------|------|------|----|----|
| 人件費     | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |
| 管理者     |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 計画作成担当者 |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 看護師     |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 介護従業者   |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 建物等賃借料  |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 旅費      |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 食材料費    |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 光熱水費    |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 消耗品費    |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 修繕費     |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 電話料等    |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 保険料等    |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| リース料    |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 備品購入費   |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 燃料費     |     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 合計      | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |
| 差引額     | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |

※必要に応じて行を追加してください。

事業所名 (  )

別紙1

開設2年目

|      | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | 合計 | 備考 |
|------|------|------|------|------|------|------|------|------|------|------|------|------|----|----|
| 入居者数 |      |      |      |      |      |      |      |      |      |      |      |      | -  |    |

収入 単位: 千円

|           |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 介護報酬(9割分) |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 介護報酬(1割分) |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 入居保証金     |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 入居一時金     |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 居室代       |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 食材料費      |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 光熱水費      |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 管理費       |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| その他       |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 合計        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |

支出 単位: 千円

|         | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | 合計 | 備考 |
|---------|------|------|------|------|------|------|------|------|------|------|------|------|----|----|
| 人件費     | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |
| 管理者     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 計画作成担当者 |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 介護従業者   |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 建物等賃借料  |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 旅費      |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 食材料費    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 光熱水費    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 消耗品費    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 修繕費     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 電話料等    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 保険料等    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| リース料    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 備品購入費   |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 燃料費     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 合計      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |
| 差引額     | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |

※必要に応じて行を追加してください。

事業所名 (  )

別紙1

開設3年目

|      | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | 合計 | 備考 |
|------|------|------|------|------|------|------|------|------|------|------|------|------|----|----|
| 入居者数 |      |      |      |      |      |      |      |      |      |      |      |      | -  |    |

収入 単位: 千円

|           |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| 介護報酬(9割分) |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 介護報酬(1割分) |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 入居保証金     |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 入居一時金     |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 居室代       |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 食材料費      |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 光熱水費      |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 管理費       |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| その他       |   |   |   |   |   |   |   |   |   |   |   |   | 0 |  |
| 合計        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |

支出 単位: 千円

|         | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | ( )月 | 合計 | 備考 |
|---------|------|------|------|------|------|------|------|------|------|------|------|------|----|----|
| 人件費     | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |
| 管理者     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 計画作成担当者 |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 介護従業者   |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 建物等賃借料  |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 旅費      |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 食材料費    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 光熱水費    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 消耗品費    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 修繕費     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 電話料等    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 保険料等    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| リース料    |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 備品購入費   |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 燃料費     |      |      |      |      |      |      |      |      |      |      |      |      | 0  |    |
| 合計      | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |
| 差引額     | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0  |    |

※必要に応じて行を追加してください。