様式第7号(第11条関係)

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| 日中一時支援事業実施報告書  　あま市長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 受給者証番号 | | |  |  |  |  |  |  |  |  | |  |  |  | 事業所番号 | | |  | |  |  | |  |  |  | |  | | |  | | |  |  | |  |
| 支給決定障がい者等氏名 | | |  | | | | | | | | | | | 事業者及びその事業所の名称 | | |  | | | | | | | | | | | | | | | | | |
| 支給決定に係る障がい児氏名 | | |  | | | | | | | | | | |
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|  | 費用の額計算欄 | サービス内容 | | | | | | | | | | 算定単位額 | | | | | 算定回数 | | | 当月算定額 | | | | | | | | | | 摘要 | | | | | | |  |
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| 当月費用の額合計 | | | | | | | | | | | | | | | | | | ① | | | | | | | | | |  | | | | | | |
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|  | | 当月利用者負担額 | | | | | | | | | | | | | | | | | | ② | | | | | | | | | |  | | | | | | |  |
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|  | | | 当月請求額　①－② | | | | | | | | | | | | | | | 円 | | | | | | | | | | | |  | | | | | | | |
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| (添付書類)  　　　　日中一時支援事業利用状況内訳書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

日中一時支援事業利用状況内訳書

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| 年　　月分 | 受給者番号 |  | 利用者氏名 |  |

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| 日付 | 曜日 | 開始時間　　　終了時間 | 看護 | 食事 | 入浴 | 送迎 | 利用者負担額 | 利用者確認欄 |
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| 合計 | | |  |  |  |  |  |  |

※看護、食事、入浴を実施した場合は、「1」と記入。送迎は片道→「1」、往復→「2」と記入