様式第15号(第9条関係)

居宅生活支援費支給管理台帳　(身体障害者　知的障害者　児童)

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| 居宅受給者証番号 |  |  |  |  |  |  |  |  |  |  | 支給決定障害者(保護者)氏名 |  | 支給決定に係る児童氏名 | (続柄　　　) | 支給決定に係る扶養義務者 | (続柄　　　) |
| 居宅支援の種類 | 居宅介護 | デイサービス | 短期入所 | 知的障害者地域生活援助 |
| 支給決定日 |  |  |  |  |
| 支給期間 |  |  |  |  |
| 居宅支援の内容 |  |  |  |  |
| 利用者負担額(本人) | 階層 | 額 | 階層 | 額 | 階層 | 額 |  |
| 利用者負担額(扶養義務者) | 階層 | 額 | 階層 | 額 | 階層 | 額 |  |
| 特記事項 |  |

支給量変更

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| 申請職権 | 申請日 | 居宅支援の種類 | サービス内容 | 変更後支給量 | 変更決定(却下)日 | 変更決定(却下)理由 | 備考 |
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利用者負担額に関する変更

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| 変更日 | 変更内容(本人) | 変更内容(扶養義務者) | 変更理由 | 備考 |
| 階層 | 額 | 氏名 | 続柄 | 階層 | 額 |
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居宅介護契約内容報告書記録

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| 受給者証記入欄番号 | 事業者及びその事業所の名称 | 指定基準該当 | サービス内容 | 契約支給量 | 契約日 | 報告日 | 当該契約支給量によるサービス提供終了日 | サービス提供終了月中の終了日までの既提供量 | 報告日 | 備考 |
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居宅介護サービス内容別支払実績表

(サービス内容　　　　　　)

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| 事業者及びその事業所の名称 |  | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 契約支給量合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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居宅介護事業者別支払実績

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| 事業者及びその事業所の名称 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
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| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |

デイサービス契約内容報告書記録

|  |  |  |  |  |  |  |  |  |  |  |
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| 受給者証記入欄番号 | 事業者及びその事業所の名称 | 指定基準該当 | 契約日 | 報告日 | サービス内容 | 契約支給量 | 当該契約支給量によるサービス提供終了日 | サービス提供終了月中の終了日までの既提供量 | 報告日 | 備考 |
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デイサービスサービス内容別支払実績

(サービス内容　　　　　)

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| 契約支給量合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 事業者及びその事業所の名称 |  | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
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| 支給量実績合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |

デイサービス事業者別支払実績

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| 事業者及びその事業所の名称 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
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| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |

短期入所区分別支払実績

(サービス内容　　　　)

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| 事業者及びその事業所の名称 |  | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
|  | 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 決定支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(サービス内容　　　　)

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短期入所事業者別支払実績

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| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |

知的障害者地域生活援助年度別支払実績

(　　年度)

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| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |

年度別施設訓練等支援費支払実績

(　　年度)

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| 指定施設名 | 4月 | 5月 | 6月 | 7月 | 8月 | 9月 | 10月 | 11月 | 12月 | 1月 | 2月 | 3月 | 計 |
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| 入所日 |  | 退所日 |  |
| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |