様式第16号(第13条関係)

施設訓練等支援費支給管理台帳　(身体障害者　知的障害者)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 施設受給者証番号 |  |  |  |  |  |  |  |  |  |  | 支給決定障害者氏名 | |  | | | 支給決定に係る扶養義務者氏名 | | (続柄　　　) | |  |
| 支給決定日 |  | | | | | | | | | | | | | | 支給期間 |  | | | | |
| 施設支援の種類及び内容 |  | | | | | | | | | | | | | | | | | | | |
| 障害程度区分 |  | | | | | | | | | | 利用者負担額 | 本人階層及び額 | |  | | 扶養義務者階層及び額 |  | |  | |

利用者負担額改定・変更

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 改定・変更日 | 本人 | | 扶養義務者 | | | | 改定・変更理由 |
| 階層 | 額 | 氏名 | 続柄 | 階層 | 額 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

障害程度区分変更

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申請・職権 | 申請日 | 変更後障害程度区分 | 変更決定(却下)日 | 変更決定(却下)理由 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

年度別施設訓練等支援費支払実績

(　　年度)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入所日 |  | 退所日 |  |
|  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入所日 |  | 退所日 |  |
| 支払額計 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |

　(　　年度)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入所日 |  | 退所日 |  |
|  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入所日 |  | 退所日 |  |
| 支払額計 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |