年　　月分　　　 居宅介護サービス提供実績記録票

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| 居宅受給者証番号 |  |  |  |  |  | |  |  |  |  |  | 支給決定障害者(保護者)氏名 | | |  | 事業者番号 | | | | | | | | | | | | | | |
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| サービス内容及び契約支給量 |  | | | | | | | | | | | |  | | | 事業者及びその事業所の名称 | | | | |  | | | | | | | | | |
| 利用者負担額 | 本人 | | | | |  | | | | | | | 扶養義務者 |  | |

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| サービス内容 | |  | | | | | | | |  | | | | | | | |
| 提供時間帯 | |  | | | | | | | |  | | | | | | | |
| 日付 | 曜日 | 開始時間 | 終了時間 | 実績時間数 | 派遣人数 | 利用者負担額 | | サービス提供者印 | 利用者確認 | 開始時間 | 終了時間 | 実績時間数 | 派遣人数 | 利用者負担額 | | サービス提供者印 | 利用者確認 |
| 本人 | 扶養義務者 | 本人 | 扶養義務者 |
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| 合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |