居宅生活支援費支給管理台帳（身体障害者）

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| 居宅受給者証番号 |  |  |  |  |  |  |  |  |  |  | 支給決定障害者（保護者）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 | | |
| 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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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（付表１）

居宅生活支援費支給管理台帳

（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

（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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 決定支給量 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 契約支給量合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

（付表２）

（サービス内容　　　　　　　　）

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| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 契約支給量合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

（付表３）

（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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| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 決定支給量 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 契約支給量合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

居宅介護事業者別支払実績

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| 支払額計 |  | | | | | | | | | | | |  |

（付表４）

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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 決定支給量 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 契約支給量合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

（付表５）

（サービス内容　　　　　　　　）

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| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 決定支給量 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 契約支給量合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  | | | | | | | | | | | |  |

（付表６）

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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 決定支給量 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

（付表７）

短期入所事業者別支払実績

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| 支払額計 |  | | | | | | | | | | | |  |