施設訓練等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  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 |  | | | | | | | | | | | | | | | | | |
| 障害支援区分 |  | | | | | | | | | | 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

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| 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 |
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障害支援区分変更

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

施設訓練等支援費支給管理台帳

（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 |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入所日 | 退所日 |
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| 入所日 | 退所日 |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

（　　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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

（付表２）

（　　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 | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |

（　　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 |
|  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入所日 |  | 退所日 |  |
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| 入所日 |  | 退所日 |  |
| 支払額計 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |