　　年　　月分　　　　　家族ほっとサポート提供実績記録票

（様式　　）

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| 受給者番号 |  | 支給決定障害者等氏名(児童氏名) | （　　　　　　　　　） | 事業所番号 | | | | | | | | | |
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| 契約  支給量 | 介護有り：　　　　　時間/月 | | | 事業者及び  その事業所の名称 | | |  | | | | | | |
| 介護無し：　　　　　時間/月 | | | 利用者負担  上限月額 | | | 円 | | | | | | |

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| 日付 | 曜日 | 提供内容  ・  目的地等 | 計画 | | サービス提供時間 | | | 算定  時間数 | | 初回  加算等 | | サービス  提供者印 | 利用者  確認印 |
| 開始  時間 | 終了  時間 | 開始  時間 | | 終了  時間 |
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| 移 動 介 護 有 合 計 | | |  |  |  | |  |  | |  | |  |  |
| 移 動 介 護 無 合 計 | | |  |  |  | |  |  | |  | |  |  |
| 合計 | | |  |  |  | |  |  | |  | |  |  |
| |  |  |  |  | | --- | --- | --- | --- | |  | 枚中 |  | 枚目 | | | |  | |