様式第6-2号（第9条関係）

浜田市障がい者等移動支援事業・日中一時支援事業サービス実績記録票

令和　　年　　月分

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| 支給決定障害者等氏名(児童氏名) |  | 事業者及びその事業所 |  |
| 決定支給量 | 身体介護を伴　　　う |  | 身体介護を伴わない |  |
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| 日付 | 曜日 | サービス提供時間 | 算　定時間数 | グループ支援人数 | グループ支援他の支援者名 | 利用者負担額 | サービス提供者 | 利用者確認 |
| 開始時間 | 終了時間 |
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| 時間数合計 |  |  |
| （再掲）グループ支援時間数合計 |  |
| 合計 |  |