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 |  |
| 利用者負担上限月額 | | 円 | | |

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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 |
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| 時間数合計 | | | |  |  | | | | |
| （再掲）グループ支援時間数合計 | | | |  |
| 合計 | | | |  |