（様式1）

平成　　年　　月分

# 居宅介護サービス提供実績記録票

| 受給者証番号 | | 支給決定障害者等氏名（障害児氏名） | | 事業所番号 | |
|---|---|---|---|---|---|
| 契約支給量 | | | | 事業者及びその事業所 | |

| 日付 | 曜日 | | サービス内容 | 居宅介護計画 | | | | サービス提供時間 | | 算定時間数 | | 派遣人数 | サービス提供者印 | 利用者確認印 | 備考 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 開始時間 | 終了時間 | 計画時間数 | | 開始時間 | 終了時間 | 時間 | 乗降 | | | | |
| | | | | | | 時間 | 乗降 | | | | | | | | |
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| | | 計画時間数計 | | 内訳（適用単価別） | | | | | 算定時間数計 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 100% | 90% | 70% | 重訪 | | | | |
| 合計 | 居宅における身体介護 | | | | | | | | | | |
| | 通院介護（身体介護を伴う） | | | | | | | | | | |
| | 家事援助 | | | | | | | | | | |
| | 通院介護（身体介護を伴わない） | | | | | | | | | | |
| | 通院等乗降介助 | | | | | | | | | | |

| | 枚中 | | 枚 |
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