様式第６－３号　　　　　　　　　　令和　　年　　月分　　　　　　　移動支援サービス提供実績記録票

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者  番　号 |  |  |  |  |  |  |  |  |  |  | 支給決定障がい者等氏名(児童氏名) | |  | 事業所番号 | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
| 契　約  支給量 |  | | | | | | | | | | | | | 事業者  及びその  事業所 | | | | |  | | | | | | | | | |
| 所得段階 | | | | | | | | | | | | 利用者負担割合 | |
| 一般・低所得・生活保護 | | | | | | | | | | | | １０％相当　・　５％相当　・　０ | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 日付 | 曜日 | サービス内容 | 移動支援計画 | | | サービス提供時間 | | 算　定  時間数 | 派遣  人数 | 利用者  負担額 | 提供者印  サービス | 確認印  利用者 |
| 開始時間 | 終了時間 | 計　画  時間数 | 開始時間 | 終了時間 |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **：** | **：** |  | **：** | **：** |  |  |  |  |  |
| 合計 | | |  |  |  |  |  |  |  |  |  | |

サービス内容記載例

① 医療療機関への通院　② 官公庁及び銀行への手続　③ 通所サービスや就労等のための見学

|  |  |  |  |
| --- | --- | --- | --- |
|  | 枚中 |  | 枚目 |

④ 買い物　⑤ その他の社会参加活動（具体的内容を記載）