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

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| 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　 |

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| 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 |
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| 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

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|  | 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）