令和　　年　　月分　　　　　　　　地域活動支援センターⅡ型明細書兼実績記録票

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| 受給者証  番　　号 |  |  |  |  |  |  |  |  |  |  | 支給決定障害者等氏名  (児童氏名) |  | | 登録事業所番号 | |  |  |  |  |  |  |  |
| ｻｰﾋﾞｽ内容及び契約支給量 |  | | | | | | | | | | 障害支援区分  （一次判定） | |  | 事業者及びその事業所 |  | | | | | | | |
| 利用料上限額 | 円 | | | | | | | | | | 食事加算対象 | | 該当/非該当 |

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| 日付 | | 曜日 | 地活Ⅱ型利用計画 | | | | | | 地域活動支援センターⅡ型提供実績 | | | | | | | 算定  日数 | | 利用料 | 補助対象金額 | | 確認欄  利用者 |
| 計画  日数 | 食事  提供 | 入浴 | | 送迎 | | 開始　時間 | 終了  時間 | | 食事提供 | 入浴 | | 送迎 |
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| 合計 | | |  |  |  | |  | |  |  | | ③ | ④ | | ⑤ |  | | ② | ① | |  |
|  | | 地域活動支援センターⅡ型補助金の額【（①－②）＋③＋④＋⑤】 | | | | | | | ①補助対象金額 | | | ②利用料 | | | ③食事加算額（低所得のみ） | | | ④入浴加算額 | | | ⑤送迎加算額 | | |
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　（　枚目中／　枚目）