様式第33号(第32条関係)

障害福祉サービス支給管理台帳

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 障害福祉サービス受給者証番号 |  |  |  | |  |  |  |  |  |  |  | 支給決定障害者(保護者)氏名 |  | | 支給決定に係る児童氏名 | |  |
| 障害福祉サービスの種類 | | | |  | | | | | | | |  | |  | |  | |
| 支給決定日 | | | |  | | | | | | | |  | |  | |  | |
| 支給期間 | | | |  | | | | | | | |  | |  | |  | |
| 障害福祉サービスの支給量 | | | |  | | | | | | | |  | |  | |  | |
| 負担上限月額 | | | | 円 | | | | | | | | | | | | | |
| 特記事項 | | | |  | | | | | | | | | | | | | |

支給量変更

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 申請職権 | 申請日 | 福祉サービスの種類 | サービス内容 | 変更後の支給量 | 変更決定(却下)日 | 変更決定(却下)理由 | 備考 |
|  |  |  |  |  |  |  |  |
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負担上限月額に関する変更

|  |  |  |  |
| --- | --- | --- | --- |
| 変更日 | 変更内容負担上限月額 | 変更理由 | 備考 |
|  | 円 |  |  |
|  | 円 |  |  |

障害福祉サービス契約内容報告書記録

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者証記入欄番号 | 事業者及びその事業所の名称 | 指定基準該当 | サービス分 | 契約支給量 | 契約日 | 報告日 | 当該契約支給量によるサービス提供終了日 | サービス提供終了月中の終了日までの既提供量 | 報告日 | 備考 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |

障害福祉サービス内容別支払実績

(サービス内容)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業者及びその事業所の名称 |  | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 契約支給量 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 決定支給量 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 契約支給量合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支給量実績合計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 支払額計 | |  |  |  |  |  |  |  |  |  |  |  |  |  |

障害福祉サービス事業別支払実績

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事業者及びその事業所の名称 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 月 | 計 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 支払額計 |  |  |  |  |  |  |  |  |  |  |  |  |  |