第24号様式(第18条関係)

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|  | | (居宅介護、重度訪問介護、同行援護、行動援護、短期入所、生活介護、自立訓練、就労移行支援、　　就労継続支援)契約内容(障害福祉サービス受給者証記載事項)報告書 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 多古町長　　　　　　　　　様 | | | | | | | | | | | | | | 事業者番号 | | |  |  |  |  |  |  | |  |  |  |  |  |  |
| 事業者及びその事業所の名称  代表者 | | |  | | | | | | | | | | | |
| 下記のとおり当事業者との契約内容(障害福祉サービス受給者証記載事項)について報告します。  記  報告対象者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 受給者証番号 | |  | |  |  |  |  |  | | |  |  | |  |  |  | | | | | | | | | | | | |
| 支給決定障害者(保護者)氏名 | |  | | | | | | | | | | | | | | 支給決定に係る障害児氏名 | | | | | |  | | | | | |  |
| 契約締結又は契約内容変更による契約支給量等の報告 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 受給者証の事業者記入欄の番号 | | | サービス内容 | | | 契約支給量 | | | | 契約日  (又は契約支給量を変更した日) | | | | | | 理由 | | | | | | | | | | | |  |
|  | | |  | | |  | | | |  | | | | | | □1新規契約 | | | | | | | | | | | |
| □2契約の変更 | | | | | | | | | | | |
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| □2契約の変更 | | | | | | | | | | | |
|  | | |  | | |  | | | |  | | | | | | □1新規契約 | | | | | | | | | | | |
| □2契約の変更 | | | | | | | | | | | |
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| □2契約の変更 | | | | | | | | | | | |
| 既契約の契約支給量によるサービス提供を終了した報告 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 提供を終了する事業者記入欄の番号 | | | 提供終了日 | | | | | | 提供終了月中の終了日までの既提供量 | | | | | | | 既契約の契約支給量でのサービス提供を終了する理由 | | | | | | | | | | | |  |
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| □2契約の変更 | | | | | | | | | | | |
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| □2契約の変更 | | | | | | | | | | | |
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| □2契約の変更 | | | | | | | | | | | |
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| □2契約の変更 | | | | | | | | | | | |
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