様式第53―2号（第41条関係）

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| 居宅生活支援費明細書  （デイサービス） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 居宅受給者証番号 | | |  |  |  |  |  | |  |  | |  | |  | |  |  | | 事業者番号 | | | | |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |  |
| 支給決定障害者(保護者)氏名 | | |  | | | | | | | | | | | | | | 事業者及びその事業所の名称 | | | | |  | | | | | | | | | | | | | | | | |
| 支給決定に係る児童氏名 | | |  | | | | | | | | | | | | | |
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|  | 居宅生活支援に通常要する費用の額計算欄 | サービス内容 | | | | | | | | | | サービス 単価 | | | | | | | 数量 | | | 日数 | | | | | サービス計 | | | | | | | | 摘要 | | | | | | |  |
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| 当月居宅生活支援に通常要する費用の額　合計 | | | | | | | | | | | | | | | | | | | |  | | | | | ① | | | | | | | |  | | | | | | |
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|  | 利用者負担額計算欄 | 利用者負担額基準単価 | | | | | | | | | | | | | | 数量 | | | | | 日数 | | | 利用者負担額計 | | | | | | | | | | | 摘要 | | | | | | |  |
| 本人分 | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | | | | | | |  | | | | | | |
| 扶養義務者分 | | | | | | |  | | | | | | |  | | | | |  | | |  | | | | | | | | | | |  | | | | | | |
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| 当月利用者負担額合計 | | | | | | | | | | | | | | | | | | |  | | | ② | | | | | | | | | | |  | | | | | | |
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|  | | | 居宅生活支援費請求額①－② | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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