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| 受給者証番　　号 |  |  |  |  |  |  |  |  |  |  | 利用児氏　名 |  | 事業所　番　　 号 |  |  |  |  |  |  |  |  |  |  |
| 事業所名 |  |

　　　　　年　　月分　　**神戸市重症心身障害児対象事業加算制度実績記録票**

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| 日付 | 曜日 | 利用実績 | 保護者等確認欄 | サービス提供者確認欄 | サービス提供者確認欄 | サービス提供者確認欄 | 備考 |
| 開始時刻 | 終了時刻 |
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