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|  | 契約内容（障害福祉サービス受給者証　地域相談支援受給者証記載事項）報告書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 伊予市福祉事務所長　様 | | | | | | | | 事業者番号 | | |  |  |  |  | |  | |  | |  | |  | |  | |  |  | | | |  |
|  |  | | | | | | | | 事業者及び  その事業所  の名称  代　表　者 | | |  | | | | | | | | | | | | | | | | | | | |
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|  | 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・地域相談支援受給者証記載事項）について | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 報告します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 報告対象者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 障害福祉  サービス  受給者証番号 |  |  |  |  |  |  |  |  |  |  | 地域相談支援  受給者証番号 | | | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
|  | 支給(給付)決定障害  者 （保護者）氏名 | | |  | | | | | | | | 支給決定に係る  障害児　氏　名 | | | | | | | |  | | | | | | | | | | | |  |
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|  | 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 | | | | | | | | | | | | | | | | | | | |  |
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|  | 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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