様式第５号の１（第１４条関係）

伊万里市地域支え合い事業費補助金　月次報告書　　　　年　　　月分　　№

団体名

訪問型サービスB

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| --- | --- | --- | --- | --- | --- |
|  | 利用日 | 利用者名 | 住所町名（行政区） | 対象要件※該当に〇 | サービス内容※該当に〇 |
| 事業対象者 | 要支援者 | 要介護者 | その他 | 掃除 | 洗濯 | ゴミ出し | 買い物代行 | 薬受けとり | 車両利用した生活支援 | その他 |
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| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合計 |  |  |  |  |  |  |  |  |  |  |  |