様式第５号の２（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D

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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 | | | | 移動先　※該当に〇 | | | | | |
| 送迎前後の  付き添い支援 | | | 一般介護予防  事業等 | | |
| 事業対象者 | 要支援者 | 要介護者 | その他 | 通院 | 買い物 | その他 | 百歳体操 | 高齢者  サロン | その他 |
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| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合計 | | | |  |  |  |  |  |  |  |  |  |  |