年　　月　　日

　　　東かがわ市長　殿

事業所・施設名

地域密着型サービス事業者又は地域密着型介護予防サービス事業者による介護給付費の

割引に係る割引率の設定について

　１　割引率等

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| サービスの種類 | 割引率 | 適　　　用　　　条　　　件 | | | | | | | | | | | |
| 夜間対応型訪問介護 | ％ |  | | | | | | | | | | | |
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| 認知症対応型通所介護 | ％ |  | | | | | | | | | | | |
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| 小規模多機能型居宅介護 | ％ |  | | | | | | | | | | | |
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| 認知症対応型生活共同介護 | ％ |  | | | | | | | | | | | |
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| 地域密着型特定施設入居者 生活介護 | ％ |  | | | | | | | | | | | |
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| 地域密着型介護老人福祉施設  入所者生活介護 | ％ |  | | | | | | | | | | | |
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| 定期巡回・随時対応型訪問介護看護 | ％ |  | | | | | | | | | | | |
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| 看護小規模多機能型 居宅介護 | ％ |  | | | | | | | | | | | |
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| 介護予防認知症対応型 通所介護 | ％ |  | | | | | | | | | | | |
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| 介護予防小規模多機能型 居宅介護 | ％ |  | | | | | | | | | | | |
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| 介護予防認知症対応型 生活共同介護 | ％ |  | | | | | | | | | | | |
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　備考　「適用条件」欄には、当該割引率が適用される時間帯、曜日、日時について具体的に記載してください。

　２　適用開始年月日　　　　　　年　　月　　日