**作成年月日　　　　　年　　月　　　日**

**居宅サービス計画書（２）**

第２表

　　利用者名　　　　　　　　　　　殿

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| 生活全般の解決すべき課題(ニーズ) | 目　　　　標 | | | | 援助内容 | | | | | |
| 長期目標 | (期間) | 短期目標 | (期間) | サービス内容 | ※1 | サービス種別 | ※２ | 頻度 | 期間 |
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※１「保険給付対象か否かの区分」について、保険給付対象内サービスについては○印を付す。※２「当該サービス提供を行う事業所」について記入する。