桃園市 年 月身心障礙者日間照顧及住宿式照顧費用補助住出院紀錄月報表

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| 機構名稱 | 姓名 | 因病住院日期 | 回住機構日期 | 醫療院所 | 備註 |
| 00護理之家(範例) | 許00 | 1/1日住院1/14日住院 | 1/3日入住機構 | 長庚醫院 |  |
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**本報表請於次月10日併同每月核銷資料函報核備，俾以作為撥款依據。**

機構主管： 會計： 填表人：