

|     |    | ①緊急時の対応 |         |          |       |                                              |    | ②一時的な家事援助 |   |   |   |   |    | ③関係機関との連絡調整 |      |          |          |          |         |      |     | ④その他<br>(生活相談はここに記入) |   |   | ⑤団らん室の利用状況 |      |      |
|-----|----|---------|---------|----------|-------|----------------------------------------------|----|-----------|---|---|---|---|----|-------------|------|----------|----------|----------|---------|------|-----|----------------------|---|---|------------|------|------|
|     |    | 緊急通報    | 救急車出動要請 | 医療機関への連絡 | 急病の世話 | その他<br>(ここに記入)<br>異常メール通知対応は<br>(ICT見守りサービス) | 小計 |           |   |   |   |   | 小計 | 警備会社        | 受託法人 | 豊中市長寿安心課 | 豊中市障害福祉課 | 豊中市福祉事務所 | 住宅管理事務所 | 民生委員 | その他 | 小計                   |   |   |            | 利用人数 | 利用内容 |
| 日   | 曜日 |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 1   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 2   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 3   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 4   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 5   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 6   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 7   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 8   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 9   |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 10  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 11  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 12  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 13  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 14  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 15  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 16  |    |         |         |          |       |                                              | 0  |           |   |   |   |   | 0  |             |      |          |          |          |         |      |     | 0                    |   |   |            |      |      |
| 合 計 |    | 0       | 0       | 0        | 0     | 0                                            | 0  | 0         | 0 | 0 | 0 | 0 | 0  | 0           | 0    | 0        | 0        | 0        | 0       | 0    | 0   | 0                    | 0 | 0 | 0          | 0    | 0    |

※必要に応じて枠を広げて記載ください。

|     |    | ①緊急時の対応 |         |          |       |                                             | ②一時的な家事援助 |   |   |   |   | ③関係機関との連絡調整 |    |      |      |          |          |          |         | ④その他<br>(生活相談はここに記入) |     |    | ⑤団らん室の利用状況 |   |   |      |      |
|-----|----|---------|---------|----------|-------|---------------------------------------------|-----------|---|---|---|---|-------------|----|------|------|----------|----------|----------|---------|----------------------|-----|----|------------|---|---|------|------|
|     |    | 緊急通報    | 救急車出動要請 | 医療機関への連絡 | 急病の世話 | その他<br>異常メール通知対応は<br>(IOT見守りサービス)<br>ここに記入) | 小計        |   |   |   |   |             | 小計 | 警備会社 | 受託法人 | 豊中市長寿安心課 | 豊中市障害福祉課 | 豊中市福祉事務所 | 住宅管理事務所 | 民生委員                 | その他 | 小計 |            |   |   | 利用人数 | 利用内容 |
| 日   | 曜日 |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 17  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 18  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 19  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 20  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 21  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 22  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 23  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 24  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 25  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 26  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 27  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 28  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 29  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 30  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 31  |    |         |         |          |       |                                             | 0         |   |   |   |   |             | 0  |      |      |          |          |          |         |                      |     | 0  |            |   |   |      |      |
| 合 計 |    | 0       | 0       | 0        | 0     | 0                                           | 0         | 0 | 0 | 0 | 0 | 0           | 0  | 0    | 0    | 0        | 0        | 0        | 0       | 0                    | 0   | 0  | 0          | 0 | 0 | 0    |      |
| 総合計 |    | 0       | 0       | 0        | 0     | 0                                           | 0         | 0 | 0 | 0 | 0 | 0           | 0  | 0    | 0    | 0        | 0        | 0        | 0       | 0                    | 0   | 0  | 0          | 0 | 0 | 0    |      |

※必要に応じて枠を広げて記載ください。