

Application for Certification of Child Care Facility Use Benefits

To: Mayor of Minato City

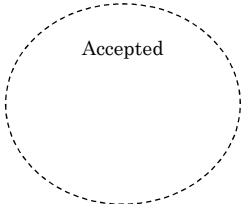
I hereby apply for the certification of child care facility use benefits under Article 30 Paragraph 5 Item 1 of the Child and Child Care Support Law.

I consent to the City referring to my records and submitted documents, such as the Basic Resident Register held by the City and the resident tax records for the purpose of confirming my need for childcare services, and that the City will provide such information to the Residents Support Section of each Regional City Office, the Nursery School Section of the Child and Family Support Department, the Office of the Superintendent of Education, Education Promotion Department, Secretariat of the Board of Education, the School Affairs Section, School Education Department, Secretariat of the Board of Education, and others as required.

Date of application:									
A p p l i c a n t	Name in katakana	Individual Number			Applicant's relationship to child(ren)	Father · Mother · ()			
	Name	Date of birth							
	Address	Postal code	Home Phone No.		Mobile Phone No.				
	Address as of January 1 (Address as of January 1, the previous year for January to August application)		<input type="checkbox"/> Same as above		Date of moving in:				
S p o u s e ()	Name in katakana	Individual Number			Spouse's relationship to child	Father · Mother · ()			
	Name	Date of birth							
	Address	<input type="checkbox"/> Same as applicant's Postal code		Home Phone No. <input type="checkbox"/> Same as applicant's		Mobile Phone No.			
	<input type="checkbox"/> Address as of January 1 (Address as of January 1, the previous year for January to August application)		<input type="checkbox"/> Same as above		Date of moving in:				
c h i l d r e b n l ()	Name in katakana	Relationship	Individual Number		Age	Certification classification (Circle whichever is applicable.)	Name of facility		
	Name		Date of birth						
						Type1 Certification · Type2 Certification · Type3 Certification			
						Type1 Certification · Type2 Certification · Type3 Certification			
Period during which the benefits are needed			From (mm/dd/yyyy) / / to (mm/dd/yyyy) / / Until beginning an elementary school						
A s s e s s m e n t	There is no need to fill out this section if you apply for type1 certification.								
	Applicant's reason(s) (Circle one applicable answer)			Spouse's reason(s) (Circle one applicable answer)					
	(1) Employment	(2) Pregnancy and childbirth	(3) Sickness	(4) Disability	(5) Providing nursing/long-term care for a family member	(6) Seeking employment	(7) Attending school	(8) Post-disaster recovery	(9) Child care leave

Notes:

- If you use nurseries led by companies, you cannot apply for these benefits, as stipulated in Article 7 Paragraph 10 Item 4 (c) of the Child and Child Care Support Law.
- Certification will be canceled if there are differences between the contents of the application and the facts.
- If the certification reason or other contents change, you must submit a change of certification application.



Household Status Report

Status of parents/guardian	Applicant's status	Spouse's status						
Status of receipt of disability certificate (s) and certificate (s) of receipt of specific medical expenses (designated intractable diseases)	Name of Certificate issued, etc. Certificate issued (/disability level:) / No Certificate issued	Name of Certificate issued, etc. Certificate issued (/disability level:) / No Certificate issued						
Circle where applicable and fill in the form below.								
Employment • Schooling	Name of employer/school							
	Commuting hours	___ hr(s) ___ min each way						
Pregnancy and childbirth	(Expected) Date of childbirth:							
Sickness • Disability	Name of illness • disability							
	Issuance of certificate	Certificate issued (name of ID: disability level:) • No Certificate issued						
	Current status	• At-home treatment/rehabilitation • Hospitalized (from date:) • Going to hospital regularly (times per week/month)						
	Name of hospital/care facility							
Providing nursing • long-term care for a family member	Name of family member receiving nursing • long-term care	Name : () Relationship ()						
	Current status	• Receiving care at home • Hospitalized (name of hospital:) • Receiving outpatient rehabilitation (name of hospital/day care facility:)						
	Name of illness • disability							
	Issuance of certificate	Certificate issued (name of Certificate: disability level:) • No Certificate issued						
	Issuance of certification of necessity for long-term care • support	Certification of necessity for long-term care issued • Certification of necessity for support issued (category of condition:) • No certificate issued						
Other								
Absent	Reason	• Divorce • Unmarried • Death • Other ()						
		• Divorce • Unmarried • Death • Other ()						
Are you on welfare?		Yes • No						
Are there siblings who do not live with you?		Yes (same livelihood) • Yes (separate livelihood) • No						
Other family member(s) living together	Name	Relationship	Date of birth	Age	Name of employer/Name of school presently enrolled in (registering for)	Childcare Certification	Certificate for the Intellectually/Physically Disabled	
						No, Type 1, Type 2, Type 3	No / Yes	
							No, Type 1, Type 2, Type 3	No / Yes
							No, Type 1, Type 2, Type 3	No / Yes
Status of grandparents	Name		Address			Occupation, etc.		
	Father's side	Grandfather				Employed Other ()		
		Grandmother	<input type="checkbox"/> Same as above			Employed Other ()		
	Mother's side	Grandfather				Employed Other ()		
Grandmother		<input type="checkbox"/> Same as above			Employed Other ()			
Other	Please fill in the contact information (telephone number, relationship) to be used when the City contacts you regarding your offer or other matters, etc.							
	①	[]	②	[]	③	[]	[]	
Remarks								