Form 1 (Related to Article 3)

Application for Children Education and Childcare Benefits Certification

Attn: Minato City Mayor

I hereby apply for Certification for Children Education and Childcare Benefits pursuant to Article 20, Paragraph 1 of the Child and Childcare Support Act.
In addition, I consent to the use of the basic resident register and resident tax information, etc. held by the City to conform the need for childcare, and to the provision of information as necessary to the Regional City Offices Residents Support Sections, the Nursery School Section of the Child and Family Support Department, the Office of the Superintendent of Education in the Education Promotion Department of the Secretariat of the Board of Education, the School Affairs Section in the School Education Department of the Secretariat of the Board of Education, and the enrolling facility, etc.

Application Date: YYYYMMDD						
Applicant	Furigana		Individual No.		Relationship to Child	Father / Mother / ( )
	Name		Date of Birth	YYYYMMDD		
	Address	Minato City		TEL:		
				Holding Disability Handbook, Specified Medical Expense (Designated Intractable Disease) Recipient Certificate		
	Address as of January 1 (For applications January to Agust, as of January 1 of previous year)	☐As above		Y / N	Name of Handbook:	
Spouse (☐ None)	Furigana		Individual No.		Relationship to Child	Father / Mother / ( )
	Name		Date of Birth	YYYYMMDD		
	Address	☐Same as applicant		TEL: ☐Same as applicant		
				Holding Disability Handbook, Specified Medical Expense (Designated Intractable Disease) Recipient Certificate		
	Address as of January 1 (For applications January to Agust, as of January 1 of previous year)	☐As above		Y / N	Name of Handbook:	

Target Children	Furigana / Name	Relationship	Individual No. / Date of Birth	Age	Certification Category (Circle the category that applies)	Name of Facility Used
			YYYYMMDD		Category 1 / Category 2 / Category 3	
			YYYYMMDD		Category 1 / Category 2 / Category 3	
			YYYYMMDD		Category 1 / Category 2 / Category 3	

Desired Certification Period	YYYYMMDD to YYYYMMDD / Until pre-school

Need for Childcare	*The following does not need to be completed if applying for Category 1 certification.	
	Applicant's Reason (Circle that which applies)	**Spouse's Reason** (Circle that which applies)
	(1) Employment (2) Childbirth (3) Illness (4) Disability (5) Caregiving/Nursing Care (6) Job Seeking (7) Schooling (8) Disaster Recovery (9) Childcare Leave (10) Other ( )	(1) Employment (2) Childbirth (3) Illness (4) Disability (5) Caregiving/Nursing Care (6) Job Seeking (7) Schooling (8) Disaster Recovery (9) Childcare Leave (10) Other ( )
	Needed hours of Childcare (Circle that which applies)	**Standard time (up to 11 hours) / Short time (up to 8 hours)** *If the applicant or spouse's reasons are job seeking or childcare leave, it will be certified as short-time certification.

[Notes]
• Application for nursery school enrollment cannot be made with this application form. If you desire to apply for enrollment, please apply separately using the Nursery School enrollment Application Form.
• If there are changes to the reasons for certification, a change of certification application will be necessary. Please contact the enrollment section in the area in which you reside.

(Received)

Applicant Identity Verification	1 Item	Individual Number, Passport, Resident Register, Other ( )
	2 Items	Health insurance card, Student ID, Cash Card, etc., Other ( )
Applicant Household Individual No. Verification		Individual Number Card, Individual Number Notification, Resident register with Individual Number, Basic Resident Regiser Card, Other ( )

Checked	System	Received

Form 1-9 (Related to Article 6)

Household Circumstances Survey Form

Guardian Circumstances		Applicant Circumstances	Spouse Circumstances
Please fill in the applicable column below based on the certification reason.			
Employment/ Schooling	Workplace School		
	Work/School Commuting Time	One Way hours mins	One Way hours mins
	Family relationship to Employer *Complete if employed	Y / N Relationship *If Yes, fill in	Y / N Relationship *If Yes, fill in
Childbirth	Delivery Date (Scheduled)	YYYYMMDD	YYYYMMDD
Illness/Disability	Name of Illness/Disability		
	Handbook	(Handbook Grade/Level) / N	(Handbook Grade/Level) / N
	Condition	• In-home convalescence • Hospitalized (since YYYYMMDD) • Clinic Visits (times per week/month)	• In-home convalescence • Hospitalized (since YYYYMMDD) • Clinic Visits (times per week/month)
	Name of Hospital/Facility		
Caregiving/Nursing Care	Caregiving Recipient Nursing Care Recipient	Relationship ( )	Relationship ( )
	Condition	• At home • Hospitalized (Hospital Name) • Clinic Visits (Facility Name)	• At home • Hospitalized (Hospital Name) • Clinic Visits (Facility Name)
	Name of Illness/Disability		
	Handbook	(Handbook Grade/Level) / N	(Handbook Grade/Level) / N
	Certification of Needed Long-Term Care	Care/Support Required ( ) / N	Care/Support Required ( ) / N
Other			
None	Reason	• Divorced • Unmarried • Deceased • Other ( )	

Receiving Public Assistance	Receiving / Not Receiving
Brothers/Sisters **Living separately** from applicant child	Y (Same Livelihood) / Y (Different Livelihood) / N

Other Cohabiting Family	Name	Relationship	Date of Birth	Age	Workplace Affiliated School (Nursery School)	Childcare Certification Facility Certification	Disability Handbook/ Aino Techō
			YYYYMMDD			None / Category 1 / Category 2 / Category 3	Y / N
			YYYYMMDD			None / Category 1 / Category 2 / Category 3	Y / N
			YYYYMMDD			None / Category 1 / Category 2 / Category 3	Y / N

Grandparents Circumstances		Name	Municipality of Residence (Circle if applicable and if Minato City fill in address)	Employment Status
Father's Side	Grandfather		Minato City ( ) / Outside Minato City	Employed / Unemployed
	Grandmother		☐As above Minato City ( ) / Outside Minato City	Employed / Unemployed
Mother's Side	Grandfather		Minato City ( ) / Outside Minato City	Employed / Unemployed
	Grandmother		☐As above Minato City（ ）/ Outside Minato City	Employed / Unemployed

Other	Please fill in the following for placemet contact from the City (telephone number/relationship)			
	1)	TEL: Relationship [ ]	2)	TEL: Relationship [ ]
Notes				