

子育てのための施設等利用給付認定申請書
Application Form for Facility Use Benefit Certification

(宛先) 弘前市長 殿 To the Mayor of Hirosaki City

Table with 1 column and 1 row containing 'Terms of Agreement' with 7 numbered points regarding information access, certification process, and revocation.

I agree to the above and wish to apply for certification of facility use benefits for non-subsidized private kindergartens and national university affiliated kindergartens, as well as for special needs school kindergarten sections, or I wish to apply for certification of facility use benefits for kindergartens, authorized kodomo-en, special needs schools, non-authorized facilities, temporary childcare services, sick-child childcare services, and child-rearing support services in accordance with Article 30-5, Paragraph 1 of the Child and Child rearing support law, as follows.

Main application form with multiple sections: Guardians (Name, Birth, Address, Relocating Address), Applying Child (Name, Birth, Address, Relocating Address, Disability certificate), Household situation, Welfare, and Classification (Eligible Class 1, 2, 3, Tax Exempt Household).

[Address on 1st Jan of 2023/2024] For only who apply to Eligible Class 3, please fill out this part.

Table for address information on 1st Jan 2023 and 1st Jan 2024, including checkboxes for 'The same as current address' for Mother and Father.

※2, 3. If the address is different from current address, Childcare Division will get your tax information from previous municipality.

Name of Kindergartens, Authorized kodomo-en and Special needs schools

Table for facility information including Name of Facility, Date of start using the facility/service, and Preferred Date of Certificate.

Name of Non-authorized facilities, Temporary childcare services, Sick-child childcare services, and Child-rearing support services

Table for non-authorized facilities and services, including Name of Facility, Service to use, and Date of start using the facility/service.

Reason of childcare necessity section with checkboxes for various reasons like Work, Illness, Job-seeking, School attendance, etc.

* 市町村記載欄

Bottom row of the form with fields for 認定証番号 (Certification Number) and 備考 (Remarks).

(Please fill in back side)

区分 Living	氏名 Name	Relation	生年月日 Date of Birth		性別 Gender	勤務先、学校名(学年)、単身赴任等 Workplace/School/ Live away from home for work	障害者手帳等 Disability Certificate Handbook	
			年YY	月MM				日DD
Guardians	Together Separate		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Family Employment <input type="checkbox"/> Live away from home for work	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together Separate		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Family Employment <input type="checkbox"/> Live away from home for work	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
Siblings	Together Separate		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Working <input type="checkbox"/> School Attendance <input type="checkbox"/> Other	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together Separate		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Working <input type="checkbox"/> School Attendance <input type="checkbox"/> Other	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together Separate		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Working <input type="checkbox"/> School Attendance <input type="checkbox"/> Other	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together Separate		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Working <input type="checkbox"/> School Attendance <input type="checkbox"/> Other	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
Grandparents living together	Together		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Live away from home for work	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Live away from home for work	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Family Employment <input type="checkbox"/> Live away from home for work	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have
	Together		年YY	月MM	日DD	男M 女F	<input type="checkbox"/> Family Employment <input type="checkbox"/> Live away from home for work	<input type="checkbox"/> 有Have <input type="checkbox"/> 無Not have