REFERENCE ONLY

記入しないでください。 ≫

Family Status

To Mayor of Toshima City

Date YY MM DD

Applicant

Address

(Parent/guardian) <u>Name</u>

1 Family status to which the applicant (parent/guardian) belongs.

	^{Katakana} N a m e	My Number							Date of birth	Relation	Inhabitant tax		
Applicant													□tax □exempt
Family member													□tax □exempt
													\Box tax \Box exempt
													□tax □exempt
													□tax □exempt
													□tax □exempt

2 <u>Services received by a family member other than the applying child.</u>

Services	Use/Not use (Circle either)	Type of service (Name of facility)	Name of family members
 Disability welfare services (e.g.) Short-stay, in-home care, prosthetic device 	Yes • No		
② Nursing care welfare service※Only for those who use ① together	Yes • No		
③ Admission and outpatient support for children with disabilities	Yes•No		
 ④ Foster home, foster parent, children's self-reliance support facility & infant home 	Yes • No		

Welfare service for the disabled is the service based on "the Law for comprehensive support of daily life and social life of persons with disabilities".