

Disabled Child Support Plan <DO NOT FILL IN REFERENCE ONLY 記入しないでください。>

Date YY MM DD

|                           |          |                              |   |           |                |  |
|---------------------------|----------|------------------------------|---|-----------|----------------|--|
| Katakana<br>Name of child |          | Katakana<br>Name of guardian |   | Relation  | Form<br>filler |  |
| Recipient<br>ID Number    |          | Address                      |   | Telephone |                |  |
| Date of birth             | YY MM DD | Gender                       | <input type="checkbox"/> 男 <input type="checkbox"/> 女 |           | FAX            |  |

### 1. Current status

|                                |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|
| Techo<br>Disability or Illness | <input type="checkbox"/> 身体障害者手帳 <input type="checkbox"/> 療育手帳（愛の手帳） <input type="checkbox"/> 手帳なし <input type="checkbox"/> その他（    ）  |  |  |  |  |  |
| Name of school                 |  |  |  |  |  |  |
| Special needs class            | <input type="checkbox"/> 有り    (Name of class:    ) <input type="checkbox"/> 無し  |  |  |  |  |  |
| Type of service                | Type   |  |  | Name of facility & days of use per month |  |  |
|                                | <input type="checkbox"/> ①児童発達支援 <input type="checkbox"/> ②医療型児童発達支援<br><input type="checkbox"/> ③短期入所 <input type="checkbox"/> ④放課後等デイサービス<br><input type="checkbox"/> ⑤その他（    ） |  |  |  |  |  |

### 2. Future plans

|                   |                                       |
|-------------------|---------------------------------------|
| Issues (problems) | Goals for achieving your desired life |
|                   |                                       |

### 3. What to do by when for your desired life

| Objective                             | Support details | By when  |  |   |
|---------------------------------------|-----------------|--|--|---|
| ・Enjoy interacting with friends       |                 | <input type="checkbox"/> 1ヶ月<br><input type="checkbox"/> 3年後 | <input type="checkbox"/> 半年後<br><input type="checkbox"/> その他（    ） | <input type="checkbox"/> 1年後            |
| ・Master the language of communication |                 | <input type="checkbox"/> 1ヶ月<br><input type="checkbox"/> 3年後 | <input type="checkbox"/> 半年後<br><input type="checkbox"/> その他（    ） | <input checked="" type="checkbox"/> 1年後 |
| ・Reduce childcare anxiety (mother)    |                 | <input type="checkbox"/> 1ヶ月<br><input type="checkbox"/> 3年後 | <input type="checkbox"/> 半年後<br><input type="checkbox"/> その他（    ） | <input checked="" type="checkbox"/> 1年後 |

### 4. Service to use

|                 |  |  |  |
|-----------------|--|--|--|
| Type of support | Support  | Name of facility & days of use per month |  |
|                 | <input type="checkbox"/> ①児童発達支援 <input type="checkbox"/> ②医療型児童発達支援<br><input type="checkbox"/> ③短期入所 <input type="checkbox"/> ④放課後等デイサービス<br><input type="checkbox"/> ⑤その他（    ） |  |  |
| Remarks         |  | Other services received                  |  |

# Disabled Child Support Plan【Weekly schedule】

※Contact us if you have any difficulty completing the form.

|       | Monday          | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday/Holiday | Main daily activities                             |           |  |  |  |  |  |
|-------|-----------------|---------|-----------|----------|--------|----------|----------------|---|-----------|--|--|--|--|--|
| 6:00  | Sleep           |         |           |          |        |          |                | (Include medical visits and community activities) |           |  |  |  |  |  |
| 8:00  |                 |         |           |          |        |          |                |   | Breakfast |  |  |  |  |  |
|       |                 |         |           |          |        |          |                | •○○ hospital (Pediatrics)<br>Once a week          |           |  |  |  |  |  |
| 10:00 | ○○ kindergarten |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 12:00 |                 |         |           |          |        |          |                | Lunch   |           |  |  |  |  |  |
| 14:00 | ●● facility     |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 16:00 |                 |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 18:00 | Bath            |         |           |          |        |          |                |   |           |  |  |  |  |  |
|       |                 |         |           |          |        |          |                |   | Dinner    |  |  |  |  |  |
| 20:00 |                 |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 22:00 | Sleep           |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 0:00  |                 |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 2:00  |                 |         |           |          |        |          |                |   |           |  |  |  |  |  |
| 4:00  |                 |         |           |          |        |          |                |   |           |  |  |  |  |  |

※ Based on this draft plan, the type and amount of services are determined based on the classification of disability support, the content of interviews at Disability and Welfare Section and Public Health Center, and the payment standard hours. You can also submit this form instead of any other form.

|                |  |
|----------------|--|
| Date confirmed |  |
|----------------|--|