

◆To be filled by the facility 施設記入欄

継続 ・ 新規	番号	
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◆To be filled out by the parent/guardian

(Name of Childcare Facility)	Child's Name	Date of Birth (YYYY/MM/DD)
	Applicant's Relation to Child	Father ・ Mother ・ Grandfather ・ Grandmother ・ Other ( )

※ If you are currently applying, please write the name of your top preferred childcare facility.

※ If you are applying for two or more children, please submit separate forms for each child. (Taking a copy is permitted.)

## Nursing Care Status Report

### 介護・看護状況申告書

◆To be filled out by the caregiver/nurse (\*If the person receiving care is using a medical institution, please have the institution fill out the bottom of this form.)

Name of Caregiver/Nurse			Address		
Person Receiving Nursing Care	Name			Age	years
	Relation to Child	Father ・ Mother ・ Paternal Grandfather ・ Paternal Grandmother ・ Maternal Grandfather ・ Maternal Grandmother ・ Other ( )			
	Address				
Diagnosis					
Details of Illness (Reason(s) nursing care is required)	<input type="checkbox"/> Physical Disability (Gr. ) <input type="checkbox"/> Psychiatric Disability (Gr. ) <input type="checkbox"/> Developmental Disability (A ・ B1 ・ B2) <input type="checkbox"/> Certification of Needed Long-Term Care (Level: ) <input type="checkbox"/> Certification of Needed Support <input type="checkbox"/> Use of Long-Term Care Service				
	(Reason(s) nursing care is required)				
Type of Nursing Care	Assistance with: Housework ・ Meals ・ Dressing/Undressing ・ Bathing ・ Restroom Use ・ Attending treatment (visiting welfare facilities) ・ Other ( )				
Other Specific Details About Care					
Nursing Care Hours	Per week: ___ hours ___ minutes		Per month: ___ hours ___ minutes		

**【Weekly Nursing Care Schedule】**

Time Slots	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	【Example】
~ 8:00							Wake up
8:00 ~							Assist with breakfast
9:00 ~							
10:00 ~							Restroom aid, as needed
11:00 ~							
12:00 ~							Assist with lunch
13:00 ~							
14:00 ~							Restroom aid, as needed
15:00 ~							
16:00 ~							Assist with bathing
17:00 ~							Assist with dinner
18:00 ~							Restroom aid, as needed
19:00 ~							Bedtime

◆To be filled out by medical institutions, etc. / 医療機関等記入欄

氏名						
受診状況	通院 ( 月 ・ 週			日程度) ・ その他( )		
	入院 ( 期間など: )					
病名						
症状						
治療見込み期間	年 月 日		から	年 月 日		まで
令和 年 月 日	医療機関名					
	住 所					
	医 師 名					

Note: Please be sure to complete this form accurately, as it will be used for the approval of childcare benefits, childcare admissions, and approval of subsidies for the usage of childcare facilities. (We may contact your medical institution if deemed necessary.)

In the case there is fraudulent information on this document, approval and permission for the use of childcare facilities may be revoked, and we may request repayment of any benefits or expenses incurred for childcare.