

Notification of Changes to Application

(Application for Grant Revision/Reissuance of a Grant Certificate)

申込事項変更届

(兼 支給認定変更申請書・支給認定証再交付申請書)

To the Mayor of Tokushima City
I am applying to revise my grant (to change previously reported information) as follows.

Applicant	Parent/ Guardian	Furigana Name	Date / / (YYYY/MM/DD)	Phone Number	① - - - Father · Mother · Other () ② - - - Father · Mother · Other () ③ - - - Father · Mother · Other ()
	Child	Furigana Name	Date of Birth / / (YYYY/MM/DD)	Age years	(As of April 1 of current FY)
Name of Facility		Nursery School · Certified Childcare Center · Kindergarten	Are you currently using this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification Category <input type="checkbox"/> Type 2 or 3 <input type="checkbox"/> Type 1	
				Applying to transfer from Type 1 to Type 2? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> No (currently applying for enrollment)			
Notes					
<ul style="list-style-type: none"> ▪ You are required to submit a separate application for each applicant child. ▪ Please fill out the applicable sections bordered with bold lines. ▪ Childcare fees and the duration you can use the facility you are enrolling into may change when submitting this form. You will be reissued a new grant certificate if the details of the certificate change upon submitting the notification. 					

◆ Changes Related to the Address, Parent/Guardian, Child, or Members of the Household

Change	Details of Change					
<input type="checkbox"/> Change of Address	Previous Address		⇒	New Address		
<input type="checkbox"/> Parent/ Guardian, Child, or Household Member Changes	Reason for Change	<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Move-in <input type="checkbox"/> Move-out <input type="checkbox"/> Childbirth <input type="checkbox"/> Death <input type="checkbox"/> Other ()				
	<input type="checkbox"/> Child's Name	Old Name Furigana Name		⇒	New Name Furigana Name	
	<input type="checkbox"/> Parent's Name	Old Name Furigana Name		⇒	New Name Furigana Name	
	Notes	<ul style="list-style-type: none"> ▪ You must submit an Individual Number Usage Permission Form when changing the parent/guardian. (showing the Individual Number of the new parent) ▪ You must submit a full copy of the family register for changes related to marriage or divorce. (The family register must show the date of marriage or divorce.) 				
<input type="checkbox"/> Add or Remove Household Members	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Furigana Name	Date of Birth / / (YYYY/MM/DD)	Relation Father · Mother · Other ()	Date of Change / / (YYYY/MM/DD)	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove	Furigana Name	Date of Birth / / (YYYY/MM/DD)	Relation Father · Mother · Other ()	Date of Change / / (YYYY/MM/DD)	

◆ Changes to the Reason Childcare is Necessary

Change	Reason	Who?	Details of Change			Required Amount of Childcare		
<input type="checkbox"/> Changes to the Reason Childcare is Necessary	<input type="checkbox"/> Employment	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ()	<input type="checkbox"/> New job <input type="checkbox"/> Job change <input type="checkbox"/> Reappointment (Date of Change) / /			Before Change ↓ After Change	<input type="checkbox"/> Standard Hours <input type="checkbox"/> Reduced Hours	
			<input type="checkbox"/> Accepted job offer <input type="checkbox"/> Other () / /					
	<input type="checkbox"/> Pregnancy/Childbirth		Expected Delivery Date		/ /		↓ Month of Change (if different than before)	
			Note Approval Period		Until end of the month, 2 months after due date.			
	<input type="checkbox"/> Illness/Disability		Duration of Treatment (Expected)		/ / to / /			
			Duration of Care (Expected)		/ / to / /			
	<input type="checkbox"/> Caring for a Family Member		Last Day of Work		/ / (If leaving a previous job)			
			Note Approval Period		3 months from the month after leaving your job. Reduced hours from the month of the change.			
	<input type="checkbox"/> Job Searching		Date of Enrollment		/ /			
			Graduation (End) Date		/ /			
<input type="checkbox"/> Education/Training	Childcare Leave Duration		/ / to / /					
	Note Max. Duration		Until the day before your child's first birthday.					
	Approval Period		Until the end of the month childcare leave ends. Reduced hours from the month of the change.					
<input type="checkbox"/> Continuing Use During Childcare Leave								
Notes								
<ul style="list-style-type: none"> ▪ You must fill out the "Required Amount of Childcare" section regardless of whether that amount will change. ▪ Please attach documents that prove the above changes (e.g. employment certificate, certificate of illness, etc.). 								

◆ Other Changes/Reissuance of a Grant Certificate

<input type="checkbox"/> Other Changes	<input type="checkbox"/> Public assistance <input type="checkbox"/> Disability (certificate issuance, etc.)	Date of Change / /	Details	<input type="checkbox"/> Started receiving assistance <input type="checkbox"/> Stopped receiving assistance Issued a disability certificate: <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychiatric Receiving: <input type="checkbox"/> Special Child Rearing Allowance <input type="checkbox"/> Disability Pension
<input type="checkbox"/> Reissuance of grant certificate	Reason for Reissuance		<input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Other ()	
Remarks				

◆ (City Use) 市記入欄

処理日	年 月 日	変更入力	認定証発行			
変更前事由	備考				施設 受付	市 受付
				年 月 日	年 月 日	