**≪　　DO NOT FILL IN 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）Name

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Katakana  N a m e | My Number | | | | | | | | | | | | Date of birth | Relation | Inhabitant tax |
| Applicant |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | □tax □exempt |
| Family member |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | □tax □exempt |
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**２**　Services received by a family member other than the applying child.

|  |  |  |  |
| --- | --- | --- | --- |
| Services | Use/Not use  （Circle either） | Type of service  （Name of facility） | Name of family members |
| 1. 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 |  |  |
| 1. Admission and outpatient support for children with disabilities | Yes・No |  |  |
| 1. 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”.