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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.

	^{Katakana} Name	My Number							er		Date of birth	Relation	Inhabitant tax
Applicant													□tax □exempt
													□tax □exempt
Fan													□tax □exempt
Family member													□tax □exempt
mber													□tax □exempt
													□tax □exempt

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		
3 Admission and outpatient support for children with disabilities	Yes · No		
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".