

◆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.

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"/> Intellectual 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 outpatient treatment ・ 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 subsidies for the use of childcare facilities, approval of childcare benefits, and childcare admissions. 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.