

様式第2号（第3条、第7条関係）

Application for Certification・Changes of Benefits for the Use of Child-rearing Institutions (etc.)
(Article 30-4 item 2・item 3 of the Act)

Year _____ Month _____ Day _____
 年 月 日

磐田市長 Dear Mayor of City of Iwata

【Items to be agreed upon when applying】	
1	Based on article 30-3 of the Child Support standard・Child rearing based on article 16 of the same standard the provision and verification of the necessary documents to the government entities may be requested for evaluation of the benefit certification (etc.) institution's use and to verify the municipal taxation situation of the applicant and his/her family members residing in the same house.
2	The address (etc.) of the applicant and relatives living together may be confirmed for the Certification of Benefits for the Use of Child-rearing Institutions (etc.) examination.
3	The contents described in the application form (etc.) may be provided to the institution / business person, when it is considered necessary as information regarding the certification of institution (etc.) usage benefits and the payment of institution (etc.) usage fees
4	Based on the provisions of Article 30-11 of the Child and Child Care Support Law, institutions usage fees may be paid by a specific Child・Child Care Support providers on behalf of certified parents.
5	If you want to start using the service in April of the new fiscal year, the notification of the analysis result, regardless of the application date, may be extended up to a maximum of the day before the date of start of use. Based on the provisions of Article 30-5, Paragraph 5 of the Child・Child Care Support Law, this may occur because there is a concentration of certification work, which will require time for the evaluations, etc.
6	If the content of the application is different from the real situation, the Certification of Benefits for the Use of Child-rearing Institutions (etc.) may be withdrawn.
7	If you are using facility (companies' nursery schools) specified by the Government Ordinance of Article 7, Paragraph 10, item 4 of the Child・Child Care Support Law as of the Desired certification date, you cannot apply for this certification.

I agree with the above, and due to the employment, illness, and other reasons of the child's guardians, I would like to be certified as institution (etc.) use benefit for Kindergarten / Certified Children's Garden [Nintei Kodomoen] / Special Support School (also uses Azukari Hoiku system (※1)), Non-licensed childcare institution [Ninkagai Hoiku], Temporary childcare business, Sick childcare business or Child rearing support activity business. Therefore, based on the Children・Child-rearing Support Law, Article 30-5, Paragraph 1, I apply for the certification related to institution (etc.) use benefits as follows.

※1 The Azukari Hoiku program is a childcare system carried out by the Kindergartens and others. But it includes Non-licensed childcare institution [Ninkagai] that can be used if either ① On weekdays, including education hours, the number of hours provided is less than 8 hours or ② Annually, the number of opening days is less than 200 days is met.

		Desired certification date (Start date to use the institution)		Year _____ Month _____ Day _____	
Applicant	Furigana	Relationship with the applicant child	Current address		If the current address is in another city, write the address after moving to this city.
	Name		※ If filled out by the person himself, the stamp is not required.		
	Daytime contact (Phone number) *Please fill in the order of contact so that we can be sure to contact you.				
①		Father's cell phone・Mother's cell・Father's Work・Mother's work・Home・Others ()		②	
③		Father's cell phone・Mother's cell・Father's Work・Mother's work・Home・Others ()		④	
⑤		Father's cell phone・Mother's cell・Father's Work・Mother's work・Home・Others ()		⑥	
Applicant Child	Furigana	Current Address Write only if different from the applicant		My Number (12-digit)	
	Name	Date of birth		Year _____ Month _____ Day _____	
Certification Type	<input type="checkbox"/> The applicant child has passed the first March 31 after the date when he / she reaches the age of 3 as of the Desired certification date. (On the Desired certification date, the applicant child has already turned 3 years old.) (item 2 [Dai 2-gō]).				If you fall under item 3 on the left and fall under the category of households exempt from Municipal Tax, please check the box <input type="checkbox"/> below.
	<input type="checkbox"/> The applicant child is between the first March 31st after the date when he / she reaches the age of 3 as of the Desired certification date. (On the Desired certification date, the applicant child has not yet turned 3 years of age.) (item 3 [Dai 3-gō]).				
Reasons why you need childcare	Please put a check mark "✓" in the <input type="checkbox"/> on the corresponding options.				
	(Relationship with the child) Father・Mother・Others () <input type="checkbox"/> Work <input type="checkbox"/> Pregnancy Childbirth <input type="checkbox"/> Illness Deficiency etc. <input type="checkbox"/> Take care of a sick person <input type="checkbox"/> Disaster recovery <input type="checkbox"/> Looking for a job <input type="checkbox"/> School <input type="checkbox"/> Others ()				

Please fill in below if the "Certification Type" above is (item 3).

Address you lived on January 1 st of the year you requested for certification. ※2	(Mother)	<input type="checkbox"/> Same as Current address	(Father)	<input type="checkbox"/> Same as Current address
Address where you lived on January 1 st of the year prior to the year you requested for certification. ※2	(Mother)	<input type="checkbox"/> Same as Current address	(Father)	<input type="checkbox"/> Same as Current address

※2 If they are different from your current address, please attach the certificate(s) (Taxation certificate, etc.) that shows the amount of Municipal Resident Tax Income percent issued by the municipality of the address you entered the levy year being January 1st of the year to which the desired certification date belongs (the year before the year to which the desired certification date belongs).
 If the "Certification Type" above corresponds to (item 3), please fill in only the personal numbers (My Number) of the parents and the main person responsible for the family budget).

Parents and others residing together with the applicant child (Circle the number of the main person responsible for the family budget)	Furigana Name	Relationship with the applicant child	Date of Birth	Company's・School's・Preschool's Name・Because of work live in another city (left family behind)	Certified for Long-Term Care Need or Disability Certificate
	1			My Number _____ Year _____ Month _____ Day _____	
2			My Number _____ Year _____ Month _____ Day _____		<input type="checkbox"/> Yes
3			My Number _____ Year _____ Month _____ Day _____		<input type="checkbox"/> Yes
4			My Number _____ Year _____ Month _____ Day _____		<input type="checkbox"/> Yes
5			My Number _____ Year _____ Month _____ Day _____		<input type="checkbox"/> Yes
6			My Number _____ Year _____ Month _____ Day _____		<input type="checkbox"/> Yes
7			My Number _____ Year _____ Month _____ Day _____		<input type="checkbox"/> Yes

<Fill in the back side, please.>

