

Family Status Form

Please fill in all applicable items in the bold frame.

		Father's status	Mother's status
Employment	Place of employment (job offer) Name	[Currently working/officially employed]	[Currently working/officially employed]
	Place of employment (job offer) Address		
	Place of employment (job offer) Number	()	()
	Type of occupation		
	Home ⇒ Workplace Commute time Commuting method	One way Hours Minutes Train / Bus / Car / Bike / Bicycle / Walk	One way Hours Minutes Train / Bus / Car / Bike / Bicycle / Walk
Expected delivery date (Required)	No / Yes [Expected Date of Birth: DD MM YYYY]		
	Plans after maternity leave <small>*If you are expecting a baby, circle one of the boxes.</small>	Obtaining childcare leave • Returning to work • Job search • Withdrawal from nursery school (wish to enter nursery school only during the childbirth requirement period) *If you are taking childcare leave, please enter the period in the section below.	
Childcare Leave In the process of obtaining (planned)	No • Currently taking • Scheduled (DD/ MM/ YYYY~ DD/ MM/ YYYY)		No • Currently taking • Scheduled (DD/ MM/ YYYY~ DD/ MM/ YYYY)
Illness	Name of illness () Inpatient/outpatient from ____DD/____MM/____YYYY (times Monthly/Weekly) Estimated period of recuperation: About ____months	Name of illness () Inpatient/outpatient from ____DD/____MM/____YYYY (times Monthly/Weekly) Estimated period of recuperation: About ____months	
Mental and physical conditions	Disorder name () Handbook No • Yes (Handbook grade/ degree)	Disorder name () Handbook No • Yes (Handbook grade/ degree)	
Care and nursing	Relationship to the child applying () Name () Age () Name of disease () Home/hospitalized/commuting to hospital/getting transported/ other ()	Relationship to the child applying () Name () Age () Name of disease () Home/hospitalized/commuting to hospital/getting transported/ other ()	
Education	School name		
	Location of school		
	Period of study	Enrolled ____MM ____YYYY - Expected Completion Date ____MM ____YYYY	Enrolled ____MM ____YYYY - Expected Completion Date ____MM ____YYYY
	Type of school	University/vocational training school/technical school/ Japanese language school/Others ()	University/vocational training school/technical school/ Japanese language school/Others ()
	Home ⇒ School Commute time Commuting method	One way Hours Minutes Train / Bus / Car / Bike / Bicycle / Walk	One way Hours Minutes Train / Bus / Car / Bike / Bicycle / Walk
If Non-existent	Deceased/Divorced/Unmarried/Other () From DD/ MM/ YYYY		Deceased/Divorced/Unmarried/Other () From DD/ MM/ YYYY
Other (including disaster recovery, etc.)			

<<Please fill in all the fields below>>

Public Livelihood Assistance	Not receiving • Receiving • Applying (will start to receive from the ____MM/____DD/____YYYY)			
Grandparent's Status	Name	Age	Current Situation	Daytime situation <small>*Circle one of the followings</small>
Father's side of family	Grandfather	/ □ Non-existent	<input type="checkbox"/> Living together (Reason for not being able to provide childcare:) <input type="checkbox"/> Disability Certificate	Company employee, etc. • Self-employed Unemployed • Illness • Other
	Grandmother		<input type="checkbox"/> Living together (Reason for not being able to provide childcare:) <input type="checkbox"/> Disability Certificate	
Mother's side of family	Grandfather	/ □ Non-existent	<input type="checkbox"/> Living together (Reason for not being able to provide childcare:) <input type="checkbox"/> Disability Certificate	Company employee, etc. • Self-employed Unemployed • Illness • Other
	Grandmother		<input type="checkbox"/> Living together (Reason for not being able to provide childcare:) <input type="checkbox"/> Disability Certificate	
	/ □ Non-existent		<input type="checkbox"/> Living together (Reason for not being able to provide childcare:) <input type="checkbox"/> Disability Certificate	Company employee, etc. • Self-employed Unemployed • Illness • Other

