

If you use daycare services at kindergartens, certified children centers, etc. or childcare services at private kindergartens, unlicensed daycare facilities, etc., and you would like to be approved for the benefit to use those facilities must apply to City Hall for 'Certification for Benefit for Use of Facilities, etc.' according to the following.

Category/ Certificate	Age	Requirements/Reasons of Childcare Necessity	Income Restriction	Services Covered
New Type 1	3 years old or older	Not required.	No.	Childcare services provided at Private Kindergartens, etc.
New Type 2	3 years old* or older (As of April 1 of the school year of use)	Required. (For both parents / guardians and household members if necessary.)		Inhabitant Tax-Exempt Households
New Type 3	0 to 2 years old* (As of April 1 of the school year of use)			

※*The ages of group for New Type 2 and 3 were as of April 1 of the school year of using childcare services.

※**Unlicensed childcare facilities: **Only** facilities that have received confirmation from the municipality for free childcare service are eligible.

【Examples of Max. Benefits Amounts】 The maximum amount varies depending on the service used.

Services	New Type 1	New Type 2	New Type 3
Private Kindergartens, etc.	Up to 28,000-yen per month***	Up to 12,300-yen (***) in addition to the amount on the New Type 1	Up to 17,700-yen (***) in addition to the amount on the New Type 1
Extended Daycare at Children Centers, etc.	—	Up to 12,300-yen per month	
Unlicensed Childcare Facilities, etc.	—	Up to 40,300-yen per month	Up to 45,700-yen per month

The benefit covers only 'expenses necessary for daycare services' and does not cover other actual expenses (transportation, picture books, school lunches, etc.).

Benefits for extended daycare services are limited to 490-yen per day.

※***The New Type 2 and 3 at private kindergartens are eligible for the cost of the portion of the program that corresponds to only for extended daycare services.

'Requirements of Childcare Necessity' 【For New Type 2 and 3 Certification】

In order to be certified for the New Type 2 and 3, a 'Requirements/Reasons of Childcare Necessity' must be provided by all parents (or guardians) who are taking care of the child. Please submit the required documents with your application for certification. In addition, the period of certification varies depending on the reason, and benefits will be terminated upon expiration of the period. To extend the period of certification, a change of reason is required.

No.	Reason	Detail
1	Employment	Works for at least 64 hours per month away from a child in a job other than housework (not including commuting time).
2	Seeking a Job / Prep. for a Business	Continuously looks for work, preparing to start a business. ※ <u>Certification is for 3 months only.</u>
3	Schooling	Attends school for at least 64 hours per month with the expectation of employment after graduation. ※ Certification is granted until graduation.
4	Pregnancy / Childbirth	As of the requested month of enrollment, the applicant is about to give birth or has just given birth. *Certification is before and after childbirth, 8 weeks each.
5	Illness / Disability	Has a physical or mental illness or disability. ※ Certification will be granted up to the date indicated on the medical certificate.
6	Nursing	Provides care and nursing care for the sick or mentally / physically disabled for at least 64 hours per month.
7	Other	Special conditions similar to the listed above.

※ Please see reverse side for documents required for submission and contact us for more details on requirements.

Inhabitant Tax-Exempt Households 【New Type 3 Certification】

The New Type 3 certification is available only if parents/guardians of a child meet the 'requirements of childcare necessity' criteria and all household members/guardians are exempt from inhabitant tax. From April to August, the inhabitant tax for the previous fiscal year (calculated based on the annual income of the year before the previous year), and from September to March, the inhabitant tax for the current fiscal year (calculated based on the previous year's income) is checked to see if the residents are exempt from taxation.

(For those who live outside of Japan and are not subject to inhabitant tax, the screening will be based on their declared annual income, including income from overseas.)

If the parents' income is below a certain level and there are grandparents living with the child, or if the child/parents are depended on their grandparents (including inhabitant tax, health insurance), the grandparents will be considered to be a member of the household supporting the child. If the grandparent is an inhabitant taxpayer, the new type 3 certification cannot be obtained.

Calculation on a Pro-rated Basis

The certification for the benefit period will begin from the date of application or the date of commencement of use, whichever is later. If you apply or start using the facility in the middle of the month, the maximum benefit amount for that month will be prorated according to the number of remaining days. Dates cannot be backdated, so please apply as early as possible.

(For those who moved in from outside the city and have been continuously certified, this will be adjusted with the municipality before moving in.)

Required Documents

【Certificate of the Requirements/Reasons of Childcare Necessity (New Type 2 or 3 only)】

Reason		Document
Employment		Employment Certificate
Seeking a Job / Prep. for a Business		Written petition regarding seeking employment (C)
Schooling		School Registration Certificate (H), a copy of the Student ID card OR a copy of Certificate of Attendance, AND something that shows the weekly timetable
Pregnancy / Childbirth	Expected mother	A copy of General Medical Checkup Cards for Pregnancy Health Checkups with the mother's name and expected date of delivery
	Post Natal Mother	A copy of the page that shows that you have reported the notification of birth in the Maternal and Child Health Handbook <i>Boshi Kenkou Techou</i>
Illness / Disability	Illness / Injury	Ota City-designated Medical Certificate written by a doctor or other health care provider (D) (Stating the period that childcare is not possible.)
	Mental / Physical Disability	A copy of Physical Disability Certificate <i>Shintai Shougaisha Techou</i> , Medical Treatment and Education Handbook <i>Ryouiku Techou</i> , OR Mental Disability Certificate <i>Seishin Shougaisha Hoken Fukushi Techou</i> (Name and level must be shown.)
Care (nursing)	Care	Written petition (F) AND a copy of either the care receiver's Physical Disability Certificate, Medical Treatment and Education Handbook, Mental Disability Certificate, OR Long-Term Care Insurance Card (Certification of Needed Long-Term Care)
	Nursing	Written petition (F) AND Ota City-designated Medical Certificate written by a doctor or other health care provider (G)
Other		Please contact the Children's Affairs Division of the City Hall (3F / Counter 31) for the necessary documents for other reasons in advance.

Please refer to the section of the page on documents proving 'Requirements of Childcare Necessity' 「保育の利用が必要な事由」を証明する書類。」



All documents submitted must be for all household members/guardians. Documents certified by a third party must NOT be completed by the applicant themselves. In addition, the documents must be certified within 3 months.

【Other Required Documents】

- ◆ (Required for **All Applicants**): An Application Form and a *My Number* Form
- ◆ (For households receiving Public Assistance *Seikatsu Hogo*): A copy of Public Assistance Recipient Certificate (For those who are NOT subject to inhabitant tax because they do not have an address in Japan): 'Petition for those who do not have an address in Japan' and 'Certificate of Income and Income Statement.'
- ◆ (**For those who have foreign nationals in the family**): a photocopy of both sides of the residence card must be submitted for all family members. If the parents' reasons for applying for the new type 2 or 3 certification is employment or job-seeking activities (or preparation for starting a business), the parents must have a status of residence that allows employment in Japan. Please note that if your status of residence is not with work permit, certification will not be granted.

After submitting an application form (Certification for Benefit for Use of Childcare Facility) and required documents, a notification will be sent to you depending on the results of the screening.

Please submit the notification to the facility that you use immediately after you receive it.

施設コード	
認定証No.	

Benefit Approval for Education/Daycare Services and Certification for Use of Facility

太田市役所 こども課「教育・保育給付認定(変更)申請書兼施設等利用給付認定申請書」・英語版

To The Mayor of the City of Ota

		Date of Application (year/month/day)		令和Reiwa		年		月		日		
Child	Kana					Date of Birth (Western Calendar)				Age (as of April 1 of the fiscal year of requested to be certified)		Gender
	Full Name							year		month		
Parent / Guardian (Applicant)	Kana					Current Address	〒					
	Full Name										-	
Relationship w/ the Child	TEL	① ()		② ()		③ ()						
		— —		— —		— —		— —				

*Provide specific contact information in the order in which you can be reached during the day.
E.g., (Chichi Keitai: as Father's Mobile) (Haha Keitai: Mother's Mobile) (Chichi-Kata Sofu no Jitaku: Paternal Grandfather's Home Phone).

1. Household Members

										If you are NOT registered in Ota City on January 1 of the years below, write the name of the city/country.	
	Relationship w/ the Child	Kana	Date of Birth (Western Calendar)				Occupation		The year before admission	The year of admission	
		Full Name					Name of Work / School, etc.				
Parents of the Child	Father				year		month		day		
	Mother				year		month		day		
Family Members (Please write all of the members living with the child even if your households are registered separately.)					year		month		day		
					year		month		day		
					year		month		day		
					year		month		day		
					year		month		day		
					year		month		day		
Public Assistance	☐ No ☐ Receiving (Start year month day)				Household Circumstances	☐ Single Parent ☐ Having a member with Disability ☐ Other than the left.					

2. Choices of Facility

Name of Main Facilities Using (*1)											
Requested Date of Certification (Starting to Use on)	令和 Reiwa		year		month		day	☐ Until entering Elementary School			
								☐ Until the last day of / (year/month)			
Daycare: Would you like to use daycare?	No.	☐ Type 1 (3 yrs old or older) The applicant only requests to use kindergartens that receive private school subsidies and does not use extended daycare services (*2).									
	Yes. (Please choose on of the types.)	☐ Type 2 (3 yrs old or older) When all of the guardians meet the 'requirements of childcare necessity' and request to use extended daycare services (*2), unlicensed daycare facilities, temporary childcare services, convalescent daycare services, or childcare support programs that assist parenting (family support center services), etc.									
		☐ Type 3 (0 to 2 yrs old) When all of the guardians meet the 'requirements of childcare necessity,' request to use extended daycare services (*2), unlicensed daycare facilities, temporary childcare services, convalescent daycare services, or childcare support programs, the programs that assist parenting (family support center services), etc., and the applicant and they are a Inhabitant Tax-Exempt Household .									
Type of Service		☐ Extended Daycare Service(*2) ☐ Unlicensed Daycare Facility ☐ Temporary Childcare Service ☐ Convalescent Daycare Service ☐ Programs that assist parenting (family support center services).									
The Benefit Approval Period Starts From (Only for those applying)	令和 Reiwa		year		month		day	Until entering Elementary School			

*1 If you are using a facility outside of the city, please provide its location and phone number.

Facility location (out of city only):

TEL:

*2 The Extended Daycare Service referred above include unlicensed daycare facilities that can be used when the services provided by the applicable kindergarten or other facility fall under (1) or (2) below.

(1) Weekdays, less than 8 hours including educational hours (2) Less than 200 days open per year

3. Parents'/Guardians' Condition

Please mark with a check ☒ the items that apply to you and fill in with the required information.

Disability Certificate	Father	☐ No ☐ Yes (☐ Physical Disability Certificate ☐ Medical Treatment and Education Handbook ☐ Mental Disability Certificate) ※Please be sure to attach a copy of the document.		
	Mother	☐ No ☐ Yes (☐ Physical Disability Certificate ☐ Medical Treatment and Education Handbook ☐ Mental Disability Certificate) ※Please be sure to attach a copy of the document.		
Pregnancy (due date)		☐ No ☐ Yes (Due date: year month day)		
Single Parent (if a parent lives separately or is not present, please fill in their details.)	Details ☐ Father ☐ Mother	☐ Unmarried ☐ Death ☐ Other reason ()		
		☐ Divorced (Date: year month day)		
		☐ Living separately due to work (Address:)		
		☐ Separated on the premise of divorce (Address:) (Divorce by conciliation or judgment: ☐ No ☐ Scheduled ☐ Yes)		

4. Applicant's Child's Condition

Please mark with a check ☒ the items that apply to you and fill in with the required.

Birth Order: I, applicant, have	Children	and the Child is	among them. (E.g. I have 3 Children and the Child is 1st of them.)
Disability Certificate	☐ No ☐ Yes (☐ Physical Disability Certificate ☐ Medical Treatment and Education Handbook ☐ Mental Disability Certificate) ※Please be sure to attach a copy of the document.		

5. Requirements of Childcare Necessity *If your child does NOT use daycare section *Hoiku* but education section, Type 1 application, please

Please choose one of the following **Childcare Requirement Numbers** that best applies to your reason for needing daycare, and write the **number** for each of the parents.

Father		Mother			
Childcare Requirement Numbers	[1]Employment	[2]Seeking a Job/Prep. for a Business		SCHED Return Date of Work (For maternity/childcare leave)	/ / (year/month/day)
	[3]School	[4]Pregnancy/Childbirth		Date of (expected) Birth (For pregnancy/childbirth)	/ / (year/month/day)
	[5]Illness / Disability	[6]Nursing			
	[7]Other ()				

6. Application Agreement and Signature

I agree to the following items and apply for the Certification for Use of Facility as well as for the Benefit Approval for Education/Daycare	
- The city shall access to municipal tax information (including information on the child's cohabitants as stated in the application) and household information required by the city for the approval and certification. - The city shall request to the issuer of the submitted documents or to the public offices to investigate or provide the additional documents, if necessary, for the screening of the approval and the verification of municipal inhabitant tax information (including information on the child's same living family as stated in the application). - The facility fees (childcare usage fees) may be received by the facility or operator that you use on behalf of the applicant. - The information provided in the application form may be shared to the facility or operator that you use if deemed necessary. - In cases when there is a concentration of accreditation administrative work and requires time for screening, etc., the notification of the screening result may be postponed regardless of the date of the application. - You cannot apply for the approval and certification if you are using/enrolled in a company-led daycare facility on the day of your application. - If the application is not in accordance with the facts, the approval and certification will be withdrawn. - It is not possible to certify retrospectively before the date of application.	
Applicant's Signature 	

- Application forms and other submitted documents must be filled out with a black ballpoint pen. Please do NOT use any erasable items such as pencils, erasable ballpoint pens, correction fluid, and correction tape.
- If you need to change the information on the form, please draw a double line through the area and write the correct information in the margin. (No *Inkan*-seal is required for corrections on the double line.)
- One form must be submitted per child. (In the case of siblings, please fill out and submit one for each.)

申込児童		フリガナ	オオタ イチロウ	生年月日(西暦)	20XX年XX月XX日	年齢(歳児) (認定希望年度4.1時点)	3	性別	Otoko
氏名		Ota Ichirou		※1					
フリガナ		オオタ ハナコ	現住所	〒373-8718 Ota-Shi Hama-Cho 2-35					
※2		Ota Hanako							
児童との続柄	Haha	※3	Haha Keitai	② (Chichi Keitai)	③ (Chichikata Sobo Keitai)				
		- XXXX - XXXX		080 - XXXX - XXXX		090 - XXXX - XXXX			
連絡先は日中に連絡の取れる順に、(父の携帯) (母の携帯) (父方祖父の自宅) など、具体的に記入									
【① 世帯の状況】									
申込児童の 父母 (世帯中)	児童との続柄	フリガナ	氏名	生年月日(西暦)		職業 勤務先名・学校名等		各年1月1日に太田市に住居登録が ある場合、市区町村名又は国名を記入	
	Chichi	オオタ タロウ	Ota Tarou	19XX年XX月XX日	(Kabu) ●●Bussan		Gunma-Ken Tokyo-To Isesaki-Shi Isesaki-Shi		
	Haha	オオタ ハナコ	Ota Hanako	19XX年XX月XX日	●● Ginkou(Kabu)		Gunma-Ken Tokyo-To Isesaki-Shi Isesaki-Shi		
	Ane	オオタ サクラ	Ota Sakura	20XX年XX月XX日	●● Shougakkou		Gunma-Ken Tokyo-To Isesaki-Shi Isesaki-Shi		
Imouto	オオタ カエデ	Ota Kaede	20XX年XX月XX日	●● Youchien		Gunma-Ken Tokyo-To Isesaki-Shi Isesaki-Shi		※4	
If there is not enough space for household members, please fill it in a separate blank sheet of paper with the name of the applicant's child.									
※5									
生活保護 ☒ 適用なし・ ☐ 適用あり (年 月 日開始) 家庭の状況 ☐ ひとり親世帯・ ☐ 障がい者のいる世帯 ☒ 左記以外									
【②利用施設・期間など】									
●● Kodomoen									
X 年 XX 月 XX 日から				☒ 小学校就学前まで					
				☐ 年 月 末日まで					
☒ 第1号(満3歳以上) 私学助成を受ける幼稚園の利用のみを希望し、預かり保育事業等は利用しない場合。									
☒ 第2号(3歳児以上) 保護者のいづれもが保育の必要性を満たし、預かり保育事業、認可外保育施設、一時預かり事業等の利用									
☐ 第3号(0~2歳児) 預かり事業等の利用									
認定区分 有									
利用するサービスの種類 ☒ 預かり保育事業(※2) ☐ 認可外保育施設 ☐ 一時預かり事業 ☐ 病児保育事業									
☐ 子育て援助活動支援事業(ファミリーサポートセンター事業)									
教育・保育給付認定期間 (教育・保育給付認定 申請者のみ)		令和	X	年	XX	月	XX	Please fill in the start date of Type 1 certification.	
※1. 市外の施設を利用している場合は、その所在地と電話番号を記入してください。									
施設所在地(市外のみ): XX-Ken ●●-Shi ▲▲I-I 電話番号: XXX-XXX-XXXX									

If you will be using a childcare facility outside of Ota City, be sure to fill in its address and phone number.

<Notes>

- ※1 Please write the age of the child as of April 1 of the year in which you request to be certified.
- ※2 Please write the name of the parent/guardian who is registered as a resident of the city in the 'Parent / Guardian (Applicant)' box. The address will be used to send various notifications. (If a sibling is already enrolled in the facility, please write the same parent's/guardian's name as their application form.)
- ※3 Please write three daytime contact details. If the contact person is someone who lives separately, please also indicate their names and relationship with the child.
- ※4 If the applicant's resident registration is in the city on January 1 of the year before or during the year of enrollment (certification), please leave it blank.
- ※5 Please check the appropriate box and attach a copy of the recipient's certificate if the household is receiving public assistance, or a copy of the disability certificate if the household has a member with disability.

【③ 保護者の状況】

該当する項目に☑し、必要事項を記入してください。

Mark with a check ☑ and fill in the appropriate boxes on the reverse side.

障害者手帳の取得状況	父	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。
	母	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。
妊娠(出産)予定		☐ 無 ☐ 有 (予定日: 年 月 日)
父または母が別住所・不存の場合	別住所・不存者 父 ☒ 母 ☐	☐ 未婚 ☐ 死別 ☐ その他 ()
		☐ 離婚 (離婚日: 年 月 日)
		☒ 単身赴任 (住所地: Tokyo-To Shinagawa-Ku XX-XX ●●Manshon XXX)
		☐ 離婚前提の別居 (住所地:) (裁判離婚の調停 ☐ 無 ☐ 予定 ☐ 有)

【④ 申込児童の状況】

該当する項目に☑し、必要事項を記入してください。

申込児童は、何人きょうだいの何番目のお子様ですか。	3	人きょうだいの	2	番目
申込児童の障害者手帳の取得状況	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。			

【⑤ 保育の利用を必要とする理由】

*保育の希望が無(第1号)の方は、記入は不要です。⑤申請・申込にあたっての同意署名欄を記入ください。

保育を必要とする理由で最もあてはまるものを、下記の保育要件番号から1つ選択し、父母それぞれ番号で記入してください。

父の保育要件番号	1	母の保育要件番号	1
保育要件番号	Please fill in the parent/guardian's childcare requirement numbers and submit with the necessary documents.		復職予定日 (産休・育児取得の方) Reiwa XX 年 X 月 XX 日
			出産(予定)日 (妊娠・出産の方) 年 月 日

【⑥ 申請・申込にあたっての同意署名欄】

- ・太田市が施設等利用給付認定及び教育・保育給付認定に必要な市町村民税の情報(申請書に記載のある児童の同一生計者の情報を含む)並びに世帯情報を閲覧すること。
- ・認定の審査及び市町村民税の情報(申請書に記載のある児童の同一生計者の情報を含む)の確認に当たって、提出された資料先または官公署に対し必要な文書の閲覧又は資料の提供を求めること。
- ・施設等利用費は、保護者に代わり、利用する施設又は事業者が受領する場合があること。
- ・申請書に記載した内容は必要と認められる場合に、施設・事業者に提供する場合があること。
- ・認定事務が集中し審査等に日時を要する場合は、申請日に開わず審査結果のお知らせを延期する場合があること。
- ・認定希望日現在で、企業主導型保育事業の利用がある場合は、本認定の申請はできないこと。
- ・申請内容が事実と相違した場合は、施設等利用給付認定を取り消すこと。
- ・申請日より前に遡って認定することはできないこと。

以上のことに同意し、教育・保育給付に係る認定及び

Please check all the contents carefully and make sure that the applicant signs the form.

申請者同意署名

Ota Hanako

※ My Number Writing Form

- ① For the My Number form to be submitted to the facility, attach documents to the back of the completed form and place the form in a sealed envelope.
- ② Write child's name on the envelope.
- ③ Staple it to the application form.



Name of Child	姓		名	
	氏名			
性別	男		女	
	性別			
生年月日	生年月日			
	生年月日			
住所	住所			
	住所			
電話番号	電話番号			
	電話番号			
Eメール	Eメール			
	Eメール			
その他	その他			
	その他			

SAMPLE

Unlicensed Childcare Facility etc. for Non-Enrolled Child (New Type 2 and 3)

- Application forms and other submitted documents must be filled out with a black ballpoint pen. Please do NOT use any erasable items such as pencils, erasable ballpoint pens, correction fluid, and correction tape.
- If you need to change the information on the form, please draw a double line through the area and write the correct information in the margin. (No *Inkan*-seal is required for corrections on the double line.)
- One form must be submitted per child. (In the case of siblings, please fill out and submit one for each.)

申請日		令和 XX 年 XX 月 XX 日	
申込児童	フリガナ	オオタ イチロウ	生年月日(西暦)
氏名	Ota Ichirou	20XX年XX月XX日	※1
年齢(歳児)	3	性別	Otoko
(申請者)	フリガナ	オオタ ハナコ	〒373-8718
※2	Ota Hanako	現住所	Ota-Shi Hama-Cho 2-35
児童との続柄	Haha	連絡先	※3
連絡先	Chichi Keitai	Chichi Keitai	Chichikata Sobo Keitai
連絡先は日中に連絡の取れる順に、(父の携帯) (母の携帯) (父方祖父の自宅) など、具体的に記入			
【① 世帯の状況】			
児童との続柄	フリガナ	氏名	生年月日(西暦)
申込児童の父	Chichi	Ota Tarou	19XX年XX月XX日
母	Haha	Ota Hanako	19XX年XX月XX日
世帯申込児童の兄	Ane	Ota Sakura	20XX年XX月XX日
弟	Imouto	Ota Kaede	20XX年XX月XX日
姉妹	Chichikata	Ota Fumi	19XX年XX月XX日
職業		勤務先名・学校名等	
父		(Kabu) ●●Bussan	
母		●●Ginkou(Kabu)	
兄		●●Shougakkou	
弟		●●Youchien	
姉妹		Mushoku	
各年1月1日に太田市に住居登録が完了した場合、市区町村名又は国名を記入			
入園の前年		入園する年	
Gunma-Ken Isesaki-Shi		Tokyo-To Nagawa-Ku	
生活保護			
※5			
家庭の状況			
□ひとり親世帯 □障がい者のいる世帯 □左記以外			
Fill in either the date that the application is submitted OR the date of commencement of use, whichever is later as the requested date of certification.			
●●●En			
X年XX月XX日から			
□小学校就学前まで			
□年 月 日まで			
第1号(満3歳以上) 私学助成を受ける幼稚園の利用のみを希望し、預かり保育事業等は利用しない場合			
保育の有無・認定区分			
有			
第2号(3歳児以上) 保護者のいずれもが保育の必要性を調査、病児保育事業又は子育て援助活動希望する場合			
第3号(0~2歳児) 保護者のいずれもが保育の必要性を調査、病児保育事業又は子育て援助活動希望し、かつ、市町村認定児童のいる場合			
利用するサービスの種類			
□預かり保育事業(※2) □認可外保育施設 □一時預かり事業 □病児保育事業			
□子育て援助活動支援事業(ファミリーサポートセンター事業)			
教育・保育給付認定期間(教育・保育給付認定申請者のみ)			
令和 Do not fill in here. 日から 小学校就学前まで			
※1. 市外の施設を利用している場合は、その所在地と電話番号を記入してください。			
施設所在地(市外のみ): XX-Ken ●●-Shi ▲▲I-I 電話番号: XXX-XXX-XXXX			

If there is not enough space for household members, please fill it in a separate blank sheet of paper with the name of the applicant's child.

Fill in either the date that the application is submitted OR the date of commencement of use, whichever is later as the requested date of certification.

Mark with a check ☒ the appropriate Type and Service.

If you will be using a childcare facility outside of Ota City, be sure to fill in its address and phone number.

<Notes>

- ※1 Please write the age of the child as of April 1 of the year in which you request to be certified.
- ※2 Please write the name of the parent/guardian who is registered as a resident of the city in the 'Parent / Guardian (Applicant)' box. The address will be used to send various notifications. (If a sibling is already enrolled in the facility, please write the same parent's/guardian's name as their application form.)
- ※3 Please write three daytime contact details. If the contact person is someone who lives separately, please also indicate their names and relationship with the child.
- ※4 If the applicant's resident registration is in the city on January 1 of the year before or during the year of enrollment (certification), please leave it blank.
- ※5 Please check the appropriate box and attach a copy of the recipient's certificate if the household is receiving public assistance, or a copy of the disability certificate if the household has a member with disability.

太田市役所 こども課 入園児童係「施設等利用給付認定申請書 記入例 <認可外施設など非入園児用(新2~3号)>」・英語版

Mark with a check ☒ and fill in the appropriate boxes on the reverse side.

【③ 保護者の状況】

該当する項目に☑し、必要事項を記入してください。

障害者手帳の取得状況	父	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳)	※手帳の写しを必ず添付してください。
	母	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳)	※手帳の写しを必ず添付してください。
妊娠(出産)予定		☐ 無 ☐ 有 (予定日: 年 月 日)	
父または母が別住所・不存の場合	別住所・不存者 父 ☒ 母 ☐	☐ 未婚 ☐ 死別 ☐ その他 ()	
		☐ 離婚 (離婚日: 年 月 日)	
		☒ 単身赴任 (住所地: Tokyo-To Shinagawa-Ku XX-XX ●●Manshon XXX)	
		☐ 離婚前提の別居 (住所地:) (裁判離婚の調停 ☐ 無 ☐ 予定 ☐ 有)	

【④ 申込児童の状況】

該当する項目に☑し、必要事項を記入してください。

申込児童は、何人きょうだいの何番目のお子様ですか。	3	人きょうだいの	2	番目
申込児童の障害者手帳の取得状況	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。			

【⑤ 保育の利用を必要とする理由】

*保育の希望が無(第1号)の方は、記入は不要です。⑥申請・申込にあたっての同意署名欄を記入ください。

保育を必要とする理由で最もあてはまるものを、下記の保育要件番号から1つ選択し、父母それぞれ番号で記入してください。

父の保育要件番号	1	母の保育要件番号	1
保育要件番号	【1】就労 【2】求職活動(起業準備) 【3】就学 【4】妊娠・出産	復職予定日 (産休・育休取得の方)	Reiwa XX 年 X 月 XX 日
	【5】疾病・障がい 【6】介護・看護 【7】その他 ()	出産(予定)日 (妊娠・出産の方)	年 月 日

【⑥ 申請・申込にあたっての同意署名欄】

・太田市が施設等利用給付認定及び教育・保育給付認定に必要な市町村民税の情報(申請書に記載のある児童の同一生計者の情報を含む)並びに世帯情報を閲覧すること。
 ・認定の審査及び市町村民税の情報(申請書に記載のある児童の同一生計者の情報を含む)の確認に当たって、提出された資料先または官公署に対し必要な文書の閲覧又は資料の提供を求めること。
 ・施設等利用費は、保護者に代わり、利用する施設又は事業者が受領する場合があること。
 ・申請書に記載した内容は必要と認められる場合に、施設・事業者に提供する場合があること。
 ・認定事務が集中し審査等に日時を要する場合は、申請日に問わず審査結果のお知らせを延期する場合があること。
 ・認定希望日現在で、企業主導型保育事業の利用がある場合は、本認定の申請はできないこと。
 ・申請内容が事実と相違した場合は、施設等利用給付認定を取り消すこと。
 ・申請日より前に遡って認定することはできないこと。

以上のことに同意し、教育・保育給付に係る

Please check all the contents carefully and make sure that the applicant signs the form.

申請者同意署名

Ota Hanako

Please submit the following documents with your application form.

- My Number Writing Form
- Documents certifying the 'Requirements of Childcare Necessity'
- Other required documents if necessary.

- Application forms and other submitted documents must be filled out with a black ballpoint pen. Please do NOT use any erasable items such as pencils, erasable ballpoint pens, correction fluid, and correction tape.
- If you need to change the information on the form, please draw a double line through the area and write the correct information in the margin. (No *Inkan*-seal is required for corrections on the double line.)
- One form must be submitted per child. (In the case of siblings, please fill out and submit one for each.)

申請日		令和 XX 年 XX 月 XX 日	
申込児童	フリガナ	オオタ イチロウ	生年月日(西暦)
	氏名	Ota Ichirou	2 0 X X 年 XX 月 XX 日
フリガナ		オオタ ハナコ	〒 3 7 3 - 8 7 1 8
氏名		Ota Hanako	現住所 Ota-Shi Hama-Cho 2-35
児童との続柄	Haha	Haha Keitai	② (Chichi Keitai)
		- XXXX - XXXX	080 - XXXX - XXXX
連絡先は日中に連絡の取れる順に、(父の携帯) (母の携帯) (父方祖父の自宅) など、具体的に記入			

【① 世帯の状況】

児童との続柄	フリガナ	氏名	生年月日(西暦)	職業 勤務先名・学校名等	各年1月1日に太田市に住民登録が無 い場合、市区町村名又は国名を記入
申込児童の 父母	Chichi	オオタ タロウ	1 9 X X 年 XX 月 XX 日	(Kabu) ●●Bussan	入園の前年 入園する年
	Haha	オオタ ハナコ	1 9 X X 年 XX 月 XX 日	●●Ginkou(Kabu)	Gunma-Ken Isesaki-Shi
(世帯主)	Ane	オオタ サクラ	2 0 X X 年 XX 月 XX 日	●●Shougakkou	Gunma-Ken Isesaki-Shi
	Imouto	オオタ カエデ	2 0 X X 年 XX 月 XX 日	●●Youchien	Gunma-Ken

If there is not enough space for household members, please fill it in a separate blank sheet of paper with the name of the applicant's child.

生活保護	適用なし・適用あり (年 月 日開始)	家庭の状況	☐ ひとり親世帯・ ☐ 障がい者のいる世帯・ ☐ 左記以外
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【②利用施設・期間など】

●●Youchien

X 年 XX 月 XX 日から

☒ 小学校就学前まで

☐ 第1号(満3歳) ☐ 第2号(3歳児以上) ☐ 第3号(0~2歳児)

認定区分 有

利用するサービスの種類

☒ 預かり保育事業(※2) ☐ 認可外保育施設 ☐ 一時預かり事業 ☐ 病児保育事業

☐ 子育て援助活動支援事業(ファミリーサポートセンター事業)

教育・保育給付認定期間(教育・保育給付認定申請者のみ)

令和 Do not fill in here. 日から 小学校就学前まで

※1. 市外の施設を利用している場合は、その所在地と電話番号を記入してください。

施設所在地(市外のみ) : XX-Ken ●●-Shi ▲▲ I - I 電話番号: XXX - XXX - XXXX

※2. 要

If you will be using a childcare facility outside of Ota City, be sure to fill in its address and phone number.

<Notes>

- ※1 Please write the age of the child as of April 1 of the year in which you request to be certified.
- ※2 Please write the name of the parent/guardian who is registered as a resident of the city in the 'Parent / Guardian (Applicant)' box. The address will be used to send various notifications. (If a sibling is already enrolled in the facility, please write the same parent's/guardian's name as their application form.)
- ※3 Please write three daytime contact details. If the contact person is someone who lives separately, please also indicate their names and relationship with the child.
- ※4 If the applicant's resident registration is in the city on January 1 of the year before or during the year of enrollment (certification), please leave it blank.
- ※5 Please check the appropriate box and attach a copy of the recipient's certificate if the household is receiving public assistance, or a copy of the disability certificate if the household has a member with disability.

【③ 保護者の状況】

該当する項目に☑し、必要事項を

Mark with a check ☑ and fill in the appropriate boxes on the reverse side.

障害者手帳の 取得状況	父	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。
	母	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。
妊娠(出産)予定		☐ 無 ☐ 有 (予定日: 年 月 日)
父または母が 別住所・不存在 の場合	別住所・不存在者 父 ☒ 母 ☐	☐ 未婚 ☐ 死別 ☐ その他 ()
		☐ 離婚 (離婚日: 年 月 日)
		☒ 単身赴任 (住所地: Tokyo-To Shinagawa-Ku XX-XX ●●Manshon XXX)
		☐ 離婚前提の別居 (住所地:) (裁判離婚の調停 ☐ 無 ☐ 予定 ☐ 有)

【④ 申込児童の状況】

該当する項目に☑し、必要事項を記入してください。

申込児童は、何人きょうだいの何番目のお子様ですか。	3	人きょうだいの	2	番目
申込児童の 障害者手帳の取得状況	☒ 無 ☐ 有 (☐ 身体障害者手帳 ☐ 療育手帳 ☐ 精神障害者福祉手帳) ※手帳の写しを必ず添付してください。			

【⑤ 保育の利用を必要とする理由】

*保育の希望が無(第1号)の方は、記入は不要です。⑤申請・申込にあたっての同意署名欄を記入ください。

保育を必要とする理由で最もあてはまるものを、下記の保育要件番号から1つ選択し、父母それぞれ番号で記入してください。

父の保育要件番号	1	母の保育要件番号	1
保育要件 番号	【⑤Requirements of Childcare Necessity】 ◆ If you are a New Type 1 applicant, you do not need to fill in. ◆ For a New Type 2 or 3 applicant, please fill in the parent/guardian's childcare requirement numbers and submit with the necessary documents.		Reiwa XX 年 X 月 XX 日 年 月 日

【⑥ 申請・申込にあたっての同意者名欄】

・太田市が施設等利用給付認定及び教育・保育給付認定に必要な市町村民税の情報(申請書に記載のある児童の同一生計者の情報を含む)並びに世帯情報を閲覧すること。
 ・認定の審査及び市町村民税の情報(申請書に記載のある児童の同一生計者の情報を含む)の確認に当たって、提出された資料先または官公署に対し必要な文書の閲覧又は資料の提供を求めること。
 ・施設等利用費は、保護者に代わり、利用する施設又は事業者が受領する場合があること。
 ・申請書に記載した内容は必要と認められる場合に、施設・事業者に提供する場合があること。
 ・認定事務が集中し審査等に日時を要する場合は、申請日に関わらず審査結果のお知らせを延期する場合があること。
 ・認定希望日現在で、企業主導型保育事業の利用がある場合は、本認定の申請はできないこと。
 ・申請内容が事実と相違した場合は、施設等利用給付認定を取り消すこと。
 ・申請日以前に遡って認定することはできません。

以上のことに同意し、教育・保育給付に係

Please check all the contents carefully and make sure that the applicant signs the form.

申請者同意署名

Ota Hanako

※ **My Number Writing Form**

- ① For the *My Number* form to be submitted to the facility, attach documents to the back of the completed form and place the form in a sealed envelope.
- ② Write child's name on the envelope.
- ③ Staple it to the application form.

The diagram illustrates the process of attaching the My Number Writing Form. A sealed envelope, labeled 'Name of Child', is shown being placed into the back of the application form. An arrow points from the envelope to the back of the form, indicating the attachment point.