

介護・看護状況申告書 Nursing/Caring Situation Report

弘前市長及び弘前市福祉事務所長殿 To the Mayor of Hirosaki City

YY MM DD

Name of Nursing/Caring person (Please sign by yourself)	Relationship to the applying child: ()
Name of the person who receiving care	Age () y/o
Address of the person who receiving care	
Relationship between the person who receiving care and the child	Relationship to the child (Father • Mother • Grandfather(F) • Grandmother(F) • Grandfather(M) • Grandmother(M) • Other())
Situation of Nursing/Caring	Hospitalization • Attend Hospital (Days/Month•Week) • At Home
Name of Sickness /Disability	
Symptoms (The reason why you cannot take care the child)	Physically Disability Certificate handbook Class • Mentally Disability Certificate handbook Class • Special Education Certificate handbook(A • B) Certification of Caring necessity: Requiring Caring() • Requiring Support Using Caring Service: No • Yes
Nursing/Caring Situation Allow multiple answers	Housework support • Meal assistance • Putting on /Taking of clothes assistance • Taking bath assistance • Excrete assistance • Attending Hospital • Other()
Details of Nursing/Caring Situation	

※please fill the situation of Nursing/Caring(If it's the same as Monday, please write 'Same as left')

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat•Sun	(Example)
~8:00							Meal assistance of breakfast
8:00~							
9:00~							
10:00~							} Attend Hospital
11:00~							
12:00~							Meal assistance of lunch
13:00~							
14:00~							
15:00~							
16:00~							Taking bath assistance
17:00~							Meal assistance of dinner
18:00~							
19:00~							

※ Hirosaki City will certify based on the situation report. Please noted that depending on this situation report, you may not able to get the certificate or the duation of childcare may be Short Time Childcare.

Name of the Child	Date of Birth	YY	MM	DD	Name of Facility	<input type="checkbox"/> Using	<input type="checkbox"/> Applying(first choice)
Name of the Child	Date of Birth	YY	MM	DD	Name of Facility	<input type="checkbox"/> Using	<input type="checkbox"/> Applying(first choice)
Name of the Child	Date of Birth	YY	MM	DD	Name of Facility	<input type="checkbox"/> Using	<input type="checkbox"/> Applying(first choice)