
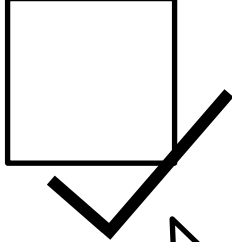
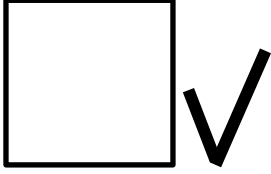


Make sure to read the back side too

Points for caution in filling out the notification of current situation

1. Making checkmarks

Correct	Incorrect	
		

Be sure to write the checkmark only within the box.

If checkmarks are made outside the box, entries may not be properly processed.

2. Making corrections

If you make a mistake and have to correct it, cross out the incorrect entry with two lines, and enter the correct entry near it.

*You do not have to impress the correction with your seal. Do not use correction ink or erasable pens.

3. Omission of entries in bold boxes

On the back of this sheet are instructions on how to make entries for each item. Make sure to check these instructions before filling out the notification of current situation. Notifications may not be able to be processed if there are omissions or mistaken entries.

4. Entry of contact information

In the box titled “contact number for the guardian with benefit certification” beside (3) on the back, enter the number for the person noted as the guardian with benefit certification on the upper part of the notification of current situation.

For “contact number for another person,” enter the number of a person who can easily contact the guardian with benefit certification or spouse.

Guide for filling out the notification of current situation

*Make entries in all bold boxes.

2024年度 現況届出書

中区 長 記入日時点での状況を届け出ます。

11月10日記入

児童名	関内 ひかる	生年月日	令和4年6月2日
園名	みなと保育園	クラス年齢	0歳児
給付認定保護者	関内 花子		
現在の登録住所	神奈川県横浜市中区港町0-0		
登録住所を変更する	<input type="checkbox"/> 住所変更する場合は、左の口をチェックしたうえで、こちらに新しい住所をご記入ください。		
給付認定保護者の連絡先	090 - 1111 - ****	連絡先の種類	1 1:携帯 2:勤務先 3:自宅 4:その他 ()
その他の連絡先	045 - 111 - ****	連絡先の種類	3 1:父携帯 2:母携帯 3:父勤務先 4:母勤務先 5:自宅 6:その他 ()
保育必要量の希望	1	現在の保育必要量 (19条認定)	保育標準時間

保護者の状況 ※必要に応じて証明書類が必要です。

氏名	父 ()		母 ()	
	関内	太郎	関内	花子
生年月日	西暦 1989 年 5 月 5 日		西暦 1989 年 11 月 11 日	
保育を必要とする事由に✓	<input checked="" type="checkbox"/> 就労 <input type="checkbox"/> 病気 <input type="checkbox"/> 障害 <input type="checkbox"/> 介護 <input type="checkbox"/> 通学 <input type="checkbox"/> 求職中 <input type="checkbox"/> 育児中の利用継続 <input type="checkbox"/> ()		<input checked="" type="checkbox"/> 就労 <input type="checkbox"/> 病気 <input type="checkbox"/> 障害 <input type="checkbox"/> 介護 <input type="checkbox"/> 通学 <input type="checkbox"/> 求職中 <input type="checkbox"/> 育児中の利用継続 <input type="checkbox"/> () <input type="checkbox"/> 出産	
就労・通学のとき通勤(通学)時間	1日あたり往復 2 時間 0 分		1日あたり往復 0 時間 30 分	
出産予定がある場合	右の欄に出産予定日を記入するとともに、母子健康手帳のコピーを提出してください。		西暦 年 月 日	
2024年1月1日時点の住所(横浜市内の場合)	<input type="checkbox"/> 市外→ 都道 市区	<input type="checkbox"/> 市外→ 都道 市区	<input type="checkbox"/> 市外→ 都道 市区	<input type="checkbox"/> 市外→ 都道 市区
現在児童と同居していないとき(該当の場合)✓	<input type="checkbox"/> 国内→ 都道 市区	<input type="checkbox"/> 国内→ 都道 市区	<input type="checkbox"/> 国内→ 都道 市区	<input type="checkbox"/> 国内→ 都道 市区
ひとり親の場合の理由(該当の場合)✓	<input type="checkbox"/> 離婚(西暦 年 月) <input type="checkbox"/> 死別(西暦 年 月) <input type="checkbox"/> 未婚 <input type="checkbox"/> 離婚前提別居(西暦 年 月 日(頃)から【調停 □無 □有】)			
生活保護の受給(該当の場合)✓	<input type="checkbox"/> 有(担当者 西暦 年 月 日保護開始)			
里親世帯(該当の場合)✓	<input type="checkbox"/> 里親である (委託開始日 西暦 年 月 日) <input type="checkbox"/> 里子と養子縁組をした(実子となった日 西暦 年 月 日)			
障害者手帳等の有無	同居の家族が障害者手帳等をお持ちの場合は、右の欄にその方の氏名を記入してください。		関内 みらい	

同居の家族(児童本人・保護者を除く全員分を記入してください。)

氏名	児童との関係	生年月日	勤務先・通学先・通園先など
関内 みらい	姉	西暦 2015 年 8 月 8 日	関内小学校
		西暦 年 月 日	
		西暦 年 月 日	
		西暦 年 月 日	

To make corrections, cross out the incorrect entry with two lines, and enter the correct entry near it.
*You do not have to impress the correction with your seal. Do not use correction ink or erasable pens.

ください。

		認定証番号
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① Date of entry

② Whether or not there is a change of address etc.

If the currently registered address printed on the form is different from your actual current residence, check the box and enter the new address.

③ Contact information

Make entries after reading “4. Entry of contact information” on the front side.

④ Desired requisite amount of childcare

*There is no need to make an entry for this item if you have a child in a kindergarten or certified external facility at the time of submission. Submit the notification with this box left blank.

(Even if you make an entry, it will not be a subject of confirmation.)

In the benefit certification, a certification is made of one of the following requisite amounts of childcare as the maximum permissible in use of approved childcare centers etc.: 1) standard-duration childcare (up to 11 hours) and 2) short-duration childcare (up to 8 hours). After checking the “current requisite amount of childcare” printed on the notification of current situation, enter the number of the desired amount in the box.

*If there is no entry for the desired amount of childcare, you may be certified for short-duration childcare.

⑤ Situation of guardians

Enter the situation of the father, mother, and all other guardians.

*Enter this information even if the guardian is not living with the child due to posting away from the family etc.

In the case of separation premised on divorce, there is no need to enter information for the guardian who is not living with the child.

(1) Reasons for needing childcare

Check the reason for needing childcare (to be filled out by both the father and mother or other guardian).

(2) Work/school commutation time

Enter the time required for commuting to and from work/school per day.

(3) Your address as of January 1, 2023/when you are not living with the child

- Outside Yokohama: check the “outside Yokohama” box and enter the name of the city, ward, town, or village and the prefecture.

- Outside Japan: check the “foreign country” box. (There is no need to make an entry under the prefectural name.)

(4) Whether or not there is a household member with a disability handbook

Enter the name of the person. *This information is needed for the calculation of burden category.

- Households with a member who has been issued a physical disability handbook, intellectual disability handbook (Ai no Techo), or mental disability handbook (only if that member is cohabiting (living together with the family))

- Households with a child that is the subject of receipt of a special child rearing allowance or a member who is a recipient of a disability pension under the national pension system (only if that member is cohabiting (living together with the family))

⑥ If childbirth is expected

Enter if childbirth is expected at the time of filling out the notification.

⑦ Situation of cohabiting family members

Enter the name, relationship with the child, date of birth, employer, etc. for every member living in the household (excluding the child and guardians, but including siblings, grandparents, etc.)