

援護金/祝金共通申請用・英語版

Application Form I

Date of Application:

Application Form for Application for Year-End Financial Support and Congratulatory Gift for Entering Elementary/Junior High School

To the President of the Hamamatsu City Council of Social Welfare

《Confirmation of Agreement》I agree to allow the social workers, child committee members and public institution to cross-reference information to confirm the contents of the application as part of the review for the financial supports. ※Filling out the form and affixing my seal also serve as confirmation of consent.

※Fill in all boxes. The application will not be processed if the documents attached are not complete.

| | | | | | | |
|--|-----------|-----------|---------------|---|--|---|
| <input type="checkbox"/> I apply for "Year-End Financial Support". | | | | <input type="checkbox"/> I apply for " Congratulatory Gift for Entering Elementary/Junior High School". | | |
| Furigana | | Address | | 〒 — Hamamatsu-shi — -ku | | |
| Name | | | | | | |
| | | Tel. No. | | ※Contactable during the day | | |
| Members of Household | Relation | Name | Date of Birth | Workplace or School Name (School Year) | Income (Total Amount) (Monthly wages for July, Aug, Sept) ※Needed for households which requires support due to financial | Elementary/Junior high school to enroll 2024※Needed for households receiving Child Rearing Allowance. |
| | Applicant | Furigana: | | | | |
| | | Applicant | | | | |
| | | Furigana: | | | | |
| | | | | | | |
| | | Furigana: | | | | |
| | | | | | | |
| | | Furigana: | | | | |
| | | | | | | |
| | Furigana: | | | | | |
| | | | | | | |
| | Furigana: | | | | | |
| | | | | | | |

《Confirmation of Attached Documents》※Please tick(✓) those that apply.

A: Households with all members exempted from Municipal & Prefectural Inhabitant Tax
⇒Documents showing that all family members are exempted from tax (Any one of the following items)
☐Municipal & Prefectural Inhabitant Tax Certificate 2023 (for the 2022 fiscal year)
☐ Long Term Insurance Contribution Special Collection Notification
 Documents applying for Congratulatory Gift fo Entering School
 Official Documents showing the date of birth of the child ☐Insurance Card ☐Medical Subsidy Recipient Card ☐Certificate of Residence ☐Other()

B: Households which requires support due to financial reasons (Any one of the following items)
☐ Payslips from the past 3 months (July, August and September) for all members of the household.
☐ (If you recently lost a job) Letter of Unemployment (rishokuhyo) or Employment Insurance Benefits Certificate (koyo hoken jukyu shikakushasho)
☐ (If pension is your only source of income) Pension Payment Notification (nenkin furikomi tsuchisho)
 Documents applying for Congratulatory Gift fo Entering School
 Official Documents showing the date of birth of the child ☐Insurance Card ☐Medical Subsidy Recipient Card ☐Certificate of Residence ☐Other()

C: Households receiving Child Rearing Allowance
☐Child Rearing Allowance Certificate
 Official Documents showing the date of birth of the child ☐Insurance Card ☐Medical Subsidy Recipient Card ☐Certificate of Residence ☐Other()

《 Reason for Application for B: Households which requires support due to financial reasons 》 Please elaborate on your reasons.
 ※If you fall under category B, you must fill in this section.

The personal information you have entered in the application form will be used only for the purpose of the Hamamatsu City Council of Social Welfare's activities.The information will be managed appropriately and will not be provided to a third party without permission.

| | | |
|--|-------|-----------------|
| Name of Representative Who Filled in the Form (If any) | 法定地区名 | 民生委員児童委員氏名 (No) |
| | 地区 | () |

* Application Deadline October 31, 2023 (Tue)

※Please fill in the reverse side.

Questionnaire

※The contents of this questionnaire will not affect the review of your application. Please answer honestly.

The Hamamatsu City Council of Social Welfare is a private organisation that promotes community welfare. We are working to promote welfare activities and volunteer activities in the community.

We would like to ask you a few questions about your application. Your answers will be used as reference material for the future management of the project.

In addition, as a part of our welfare activities, we conduct a questionnaire survey every year in order to understand the welfare issues that the local residents are facing. If there is anything in your daily life that you feel needs support, please fill out this questionnaire so that we can work together to solve the problems you are facing.

◆Q1. How did you get to know about the year-end financial support and congratulatory gift for entering school ? (Please check (✓) all that apply.)

- ☐ Social Welfare Council homepage ☐ Social Welfare Council newsletter
☐ Social Welfare Council Ward Division Center or Office ☐ Social Worker/Child Committee Member
☐ City Hall or Ward Office ☐ From an acquaintance (Relation: _____)
☐ Resident Center or Community Collaboration Center ☐ Others(_____)

◆Q2. How did you obtain information and application materials (Application Form I)?(✓)

Please tell us all about it. (Please check (✓) all that apply)

- ☐Social Welfare Council homepage ☐Social Welfare Council Ward Division Center or Office
☐Social Worker/Child Committee Member ☐City Hall or Ward Office
☐Resident Center or Community Collaboration Center ☐Others()

◆Q3. Do you have anything you would like to receive support or consult about?

(Please check (✓) all that apply.)

- ☐ Employment ☐ Child Rearing and Support ☐ Nursing Care for the Elderly ☐ Nursing Care for
 Disable Persons ☐ Healthcare ☐ I want someone to talk to ☐ School life ☐ Preparation for higher
 education and career path ☐ Living alone ☐ Welfare Services ☐ Interpersonal relationships ☐
 Family ☐ Cooking and housework ☐ Single-Parent Family ☐ Others

【Please elaborate on what you would like to consult about.】

～Thank you for your cooperation～

※The contents of this questionnaire will be shared with the City Council of Social Welfare staff and the social workers and child committee members in the area. Please be aware of this.

※If you need help with something in your daily life and wish to consult someone, please contact your local Council of Social Welfare ward division center or office.

Application Form for Application for Year-End Financial Support and Congratulatory Gift for Entering Elementary/Junior High School

To the President of the Hamamatsu City Council of Social Welfare

《Confirmation of Agreement》I agree to allow the social workers, child committee members and the Hamamatsu City Hall to cross-reference information to confirm the contents of the application as part of the review for the financial supports. ※Filling out the form and affixing my seal also serve as confirmation of consent.

※Fill in all boxes. The application will not be processed if the documents attached are not complete.

| | | | |
|---|----------------|---|--|
| <input checked="" type="checkbox"/> I apply for "Year-End Financial Support". | | <input checked="" type="checkbox"/> I apply for "Congratulatory Gift for Entering Elementary/Junior High School". | |
| Furigana | Hamamatsu Taro | Address | 〒●●● - ●●●● |
| Name | 浜松 太郎 | | Hamamatsu-shi ●● -ku ●●●● |
| | | Tel. No. | ●●●● - ●●●● - ●●●● ※Contactable during the |

| Relation | Name | Date of Birth | Workplace or School Name (School Year) | Income (Total Amount) (Monthly wages for July, Aug, Sept)※Needed for households which requires support due to financial reasons. | Elementary/Junior high school to enroll 2024※Needed for households receiving Child Rearing Allowance |
|----------------------|-----------|---------------------------------------|--|--|--|
| Members of Household | Applicant | Furigana: Applicant | S53.4.1 | Unemployed | 185,000yen/ July & Aug No income from Sept onwards |
| | Wife | Furigana: Hamamatsu Hanako 浜松 花子 | S55.9.1 | ●● Company | 31,000yen/ July 30,000yen/ Aug 30,000yen/ Sept |
| | Child | Furigana: Hamamatsu Sakura 浜松 さくら | H23.8.1 | | ●● Junior High School |
| | Child | Furigana: Hamamatsu Fukushi 浜松 ふくし | H29.6.1 | | ●● Elementary School |
| | | Furigana: | | | |
| | | Furigana: | | | |

Please make sure to tick the applicable box and attach the required documents.

《Confirmation of Attached Documents》※Please tick(✓) those that apply.

A: Households with all members exempted from Municipal & Prefectural Inhabitant Tax

⇒Documents showing that all family members are exempted from tax (Any one of the following items)

- ☐ Municipal & Prefectural Inhabitant Tax Certificate 2023 (for the 2022 fiscal year)
☐ Long Term Insurance Contribution Special Collection Notification

Documents applying for Congratulatory Gift for Entering School

Official Documents showing the date of birth of the child ☐ Insurance Card ☐ Medical Subsidy Recipient Card ☐ Certificate of Residence ☐ Other()

B: Households which requires support due to financial reasons (Any one of the following items)

- ☒ Payslips from the past 3 months (July, August and September) for all members of the household.
☐ (If you recently lost a job) Letter of Unemployment (rishokuhyo) or Employment Insurance Benefits Certificate (koyo hoken jukyuu shikakushasho)
☐ (If pension is your only source of income) Pension Payment Notification (nenkin furikomi tsuchisho)

Documents applying for Congratulatory Gift for Entering School

Official Documents showing the date of birth of the child ☒ Insurance Card ☐ Medical Subsidy Recipient Card ()

C: Households receiving Child Rearing Allowance

☐ Child Rearing Allowance Certificate

Official Documents showing the date of birth of the child ☐ Insurance Card ☐ Medical Subsidy Recipient Card ()

Please specify the reason for your application.

《Reason for Application for B: Households which requires support due to financial reasons》Please elaborate on reasons.

※If you fall under category B, you must fill in this section.

The head of the household lost his job in Sept and has not been able to find a job so the household income has decreased and the family is struggling to make ends meet.

Please fill in the questionnaire on the

The personal information you have entered in the application form will be used only for the purpose of the Hamamatsu City Council of Social Welfare. The information will be managed appropriately and will not be provided to a third party without permission.

| | | |
|--|-------|------|
| Name of Representative Who Filled in the Form (If any) | 法定地区名 | 民生委員 |
| | 地区 | () |

* Application Deadline October 31, 2023 (Tue)

※Please fill in the reverse side.

Example

Questionnaire

※The contents of this questionnaire will not affect the review of your application. Please answer honestly.

The Hamamatsu City Council of Social Welfare is a private organisation that promotes community welfare. We are working to promote welfare activities and volunteer activities in the community.

We would like to ask you a few questions about your application . Your answers will be used as reference material for the future management of the project.

In addition, as a part of our welfare activities, we conduct a questionnaire survey every year in order to understand the welfare issues that the local residents are facing. If there is anything in your daily life that you feel needs support, please fill out this questionnaire so that we can work together to solve the problems you are facing.

◆Q1. How did you get to know about the year-end financial support and congratulatory gift for entering school ? (Please check (✓) all that apply.)

- ☐Social Welfare Council homepage ☒Social Welfare Council newsletter
☐Social Welfare Council Ward Division Center or Office ☐Social Worker/Child Committee Member
☐City Hall or Ward Office ☐From an acquaintance (Relation:)
☐Resident Center or Community Collaboration Center ☐Others()

◆Q2. How did you obtain information and application materials (Application Form I)?
Please tell us all about it. (Please check (✓) all that apply)

- ☒Social Welfare Council homepage
 ☐Social Welfare Council Ward Division Center or Office
☐Social Worker/Child Committe Member
 ☐City Hall or Ward Office
☐Resident Center or Community collaboration Center
 ☐Others()

◆Q3. Do you have anything you would like to receive support or consult about?

(Please check (✓) all that apply.)

- ☐Employment ☐Child Rearing and Support ☐Nursing Care for the Elderly ☐Nursing Care for Disable Persons ☐Healthcare ☐I want someone to talk to ☐School life ☒Preparation for higher education and career path ☐Living alone ☐Welfare Services ☐Interpersonal relationships ☐Family ☐Cooking and housework ☐Single-Parent Family ☐Others

【Please elaborate on what you would like to consult about.】

I would like my child to go on to further studies but I have financial concerns.

~Thank you for your cooperation~

※The contents of this questionnaire will be shared with the City Council of Social Welfare staff and the social workers and child committee members in the area. Please be aware of this.

※If you need help with something in your daily life and wish to consult someone, please contact your local Council of Social Welfare ward division center or office.