

様式第1 (第5条関係) Official Form 1 (related to Article 5)

副食費の特定教育・保育施設による徴収に係る給付費支給申請書兼委任状
Benefit Payment for Supplementary Meal Expense Collected by Designated Education and
Childcare Facilities - Application and Authorization Form

Year Month Day
年 月 日

豊橋市長 様

As an individual specified by Article 3 of the Toyohashi City guidelines for handling of benefit payments for supplementary meal expenses collected by designated education and childcare facilities, I am applying for this benefit (based on Article 5 in the same guidelines) as follows.

Furthermore, when receiving this benefit, I (the applicant) agree to the following:

- 1 Toyohashi City accessing and investigating my taxes and those of other taxpayers in my household
- 2 Toyohashi City investigating the status of my household
- 3 To entrust the authority to receive this benefit payment to the childcare facility my child attends or the head of said facility.
- 4 To report the content of this application and the decision regarding the benefit payment to the childcare center.

A p p l i c a n t	Furigana			Relation to Child		Address		
	Name							
	Telephone #	【HOME】			【CELL】			
C h i l d	Furigana			Current Address	<input type="checkbox"/> Same as above		Facility Name	
	Name							
	Date of Birth	年 月 日		Age as of April 1 in year you are applying for		years		

○Information about children in your care + others living with them (list oldest first)

Children + others living with applicant child		Name	Relation	Lives w/ applicant child?	Date of Birth	Age	Work/School/Childcare Facility (and address if different than applicant child's)
	1				Year Month Day 年 月 日		
	2				年 月 日		
	3				年 月 日		
	4				年 月 日		
	5				年 月 日		
	6				年 月 日		
	7				年 月 日		
	8				年 月 日		
	9				年 月 日		

※If you have more than one child eligible for this benefit, please complete one application form per child.

※After review, if a household is eligible for supplementary meal expense exemptions according to the Child and Childcare Support Act, the parents/guardians will be notified of that result by Toyohashi City.

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Childcare Facilities - Application and Authorization FormYear Month Day
Reiwa〇年〇月〇日

豊橋市長 様

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A p p l i c a n t	Furigana	トヨハシ アーノルド	Relation to Child	Father	Address	Toyohashi-shi Imahashi-cho 1 Banchi	
	Name	Toyohashi Arnold					
	Telephone #	【HOME】〇〇-△△△△		【CELL】090-xxxx-〇〇〇〇			
C h i l d	Furigana	トヨハシ アレックス	Current Address	<input checked="" type="checkbox"/> Same as above		Facility Name	Toyohashi Hoikuen
	Name	Toyohashi Alex					
	Date of Birth	2019年 01月 01日		Age as of April 1 in year you are applying for		6 years	

○Information about children in your care + others living with them (list oldest first)

	Name	Relation	Lives w/ applicant child?	Date of Birth			Age	Work/School/Childcare Facility (and address if different than applicant child's)
				Year	Month	Day		
Children + others living with applicant child	1 Toyohashi Aaron	Older brother	No	2004年 09月 09日			20	University of Toyohashi Toyohashi-shi Imahashi-cho 18 Banchi
	2 Toyohashi Annie	Older sister	Yes	2015年 07月 07日			8	Toyohashi Elementary
	3 Toyohashi Alex	Applicant child	Yes	2019年 01月 01日			5	Toyohashi Hoikuen
	4 Toyohashi Ashley	Younger sister	Yes	2022年 02月 02日			2	N/A (None)
	5	<p>For children 3 years of age and older (<i>Nenshou</i> class and above, or for Type 1-authorized children, 3 years and older), if they are the second child (or third, etc.) currently under 22 in your household, you must submit this form in order to reduce or completely cover supplementary meal expenses.</p>						
6								
7								
8								
9								

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※After review, if a household is eligible for supplementary meal expense exemptions according to the Child and Childcare Support Act, the parents/guardians will be notified of that result by Toyohashi City.