

# Kanazawa City Childbirth Subsidy Application

To: Mayor of Kanazawa City

## 1. Applicant (pregnant woman who have notified their pregnancy)

\*Attach an identification document on the rear side.

Date	year	month	day
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(Katakana) Name	Date of birth			Applicant's present address (registered residence)		
	year	month	day	Tel (       -       -       ) *Daytime contact number		
Pregnancy notification date (Maternity and Child Health Handbook issuance date)				Home address at the time of pregnancy notification *Fill in only when it differs from the present address.		
	year	month	day			

## 2. Bank account for payment (your bank account)

\*If it is not your bank account, please sign the authorization field.

[Bank account information]

Financial institution name				Branch name		Type	Account No. (No space at the right end)	Account holder (katakana)
<input type="checkbox"/> Bank <input type="checkbox"/> shinkin <input type="checkbox"/> Credit union <input type="checkbox"/> JA <input type="checkbox"/> JA <input type="checkbox"/> JF				<input type="checkbox"/> Main office <input type="checkbox"/> Branch		<input type="checkbox"/> Ordinary <input type="checkbox"/> Checking		
Financial institution number				Branch number				

### Letter of attorney (necessary when a person other than the subsidy applicant will receive the subsidy)

I hereby delegate the right to receive the Kanazawa City Childbirth Subsidy to the person specified below.

Delegator (applicant)	Name	
	Name	Address

- \* Attach a document (photocopy) that can be used to verify the bank account on the rear side.
- \* If you selected a Japan Post Bank account, fill in the branch name, account type and account number (seven digits) (shown at the bottom of the bank passbook's second page).
- \* Please do not use an account that has not been used for a long period of time.

## 3. Declaration

- (1) I am not receiving childbirth subsidy (national childbirth/ childcare subsidies) from other local governments.
- (2) I understand that Kanazawa City is entitled to examine any official records or obtain the necessary materials from other administrative organizations, etc. in order to confirm my eligibility to receive the Kanazawa City Childbirth Subsidy.
- (3) If the above eligibility cannot be confirmed through examination of official records, I will submit the necessary documents.
- (4) I understand that my application will be deemed withdrawn if after the subsidy payment is approved, the subsidy cannot be paid to the specified bank account due to a mistake in the application form etc. and Kanazawa City cannot contact me by the date specified by the city.
- (5) I agree to return the subsidy without delay if there is false statement in the application and I do not meet the subsidy requirements.
- (6) I understand that after the subsidy payment is approved by Kanazawa City, this application will be regarded as a request for the subsidy.
- (7) I agree that if necessary for continuous support during the period from this application and pregnancy through to childcare, municipal governments, medical institutions and counseling and support organizations are entitled to examine, share and mutually confirm the information they have obtained (pregnancy status, pregnant women's health check information, accompanied maternity support project questionnaire results, childcare guidebook content, etc.)

Signature  
(applicant)

Date of signature  
(applicant)       year    month    day

If you are a minor or an adult ward, your legal representative (parent, guardian, etc.) must sign below.

Signature  
(legal representative)

Date of signature  
(legal representative)       year    month    day

**Continues on the reverse side**

①Applicant identification \*Attach a photocopy of one of the following:

- Driver's license
- My Number card (front side only, do not attach the back side)
- Health Insurance certificate  
(black out the code, number and insurer's number to make them illegible)
- Pension handbook, etc.

②Financial institution account information \*Attach a photocopy of one of the following:

- Bank passbook (page showing the account number)
- ATM card
- Internet banking screen (photo)

③Maternity and Child Health Handbook \*Attach a photocopy of the front cover showing your name.

Checklist

Please confirm and check (✓) the following items (□).

- ☐ There are no omissions or errors in the information entered above.
- ☐ The bank account number matches the number shown in the bank passbook photocopy.
- ☐ The photocopies of my identification, bank account information and Maternity and Child Health Handbook are attached.

\* You can also scan the 2D code below to apply online.



【Kanazawa City online application service】

[Inquiries regarding how to fill in the application form, subsidies, etc.]

Health and Welfare Center General Affairs Department Tel: (076) 234-5106 Fax: (076) 234-5104 Email: ouenkyufu@city.kanazawa.lg.jp

\*Do not fill in the items below.

面談時 アンケート	<input type="checkbox"/> 妊婦相談票 <input type="checkbox"/> 届書アンケート <input type="checkbox"/> 聞き取り <input type="checkbox"/> 他( )
受付場所	<input type="checkbox"/> 泉野HC <input type="checkbox"/> 元町HC <input type="checkbox"/> 駅西HC <input type="checkbox"/> 本庁 <input type="checkbox"/> 郵送

整理番号
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支給決定額
円

確認事項	
本人確認	<input type="checkbox"/> 免許証 <input type="checkbox"/> 保険証 <input type="checkbox"/> 住基カード <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 旅券 <input type="checkbox"/> その他( ) <input type="checkbox"/> マイナンバーカード
<input type="checkbox"/> 母子健康手帳	

不備書類	
<input type="checkbox"/> なし <input type="checkbox"/> 口座 <input type="checkbox"/> 本人確認 <input type="checkbox"/> 母子健康手帳	<input type="checkbox"/> 委任状 <input type="checkbox"/> 署名 <input type="checkbox"/> 口座確認 <input type="checkbox"/> その他( )

書類審査欄		
住所	口座	記載事項

# Kanazawa City Childcare Subsidy Application

To: Mayor of Kanazawa City

## 1. Applicant

\*Attach an identification document on the rear side.

		Date		year		month		day	
(Katakana) Name		Date of birth			Relationship		Applicant's present address (registered residence)		
		year month day					Tel ( - - ) *Daytime contact number		
							Home address at the time of childbirth		
							*Fill in only when it differs from the present address.		

## 2. Applicable children

No	(Katakana) Name	Date of birth			Address (Fill in only when living separately)
1		year	month	day	
2		year	month	day	

## 3. Bank account for payment (your bank account)

\*If it is not your bank account, please sign the authorization field.

[Bank account information]

Financial institution name		Branch name		Type	Account No. (two space at the right)	Account holder (katakana)
<input type="checkbox"/> Bank <input type="checkbox"/> Shinkin <input type="checkbox"/> Credit union <input type="checkbox"/> JA <input type="checkbox"/> JA <input type="checkbox"/> JF		<input type="checkbox"/> Main office <input type="checkbox"/> Branch		<input type="checkbox"/> Ordinary <input type="checkbox"/> Checking	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Financial institution number		Branch number				

### Letter of attorney (necessary when a person other than the subsidy applicant will receive the subsidy)

I hereby delegate the right to receive the Kanazawa City Childcare Subsidy to the person specified below.

Delegator (applicant)	Name	Address
Delegatee	Name	Address

- \* Attach a document (photocopy) that can be used to verify the bank account on the rear side.
- \* If you selected a Japan Post Bank account, fill in the branch name, account type and account number (seven digits) (shown at the bottom of the bank passbook's second page).
- \* Please do not use an account that has not been used for a long period of time.

## 4. Declaration

- I am not receiving childcare subsidy (national childbirth/ childcare subsidies) from other local governments.
- I declare that the above child (children) is (are) raised by me, and not by a small-scale residential childcare service provider or disabled children's residential care service provider or corporation prescribed in Article 4, Section 1-4 of the Child Allowance Act, which are out of the scope of provision of the Kanazawa City Childcare Subsidy.
- I understand that Kanazawa City is entitled to examine any official records or obtain the necessary materials from other administrative organizations, etc. in order to confirm my eligibility to receive the Kanazawa City Childcare Subsidy.
- If the above eligibility cannot be confirmed through examination of official records, I will submit the necessary documents.
- I understand that my application will be deemed withdrawn if after the subsidy payment is approved, the subsidy cannot be paid to the specified bank account due to a mistake in the application form etc. and Kanazawa City cannot contact me by the date specified by the city.
- I agree to return the subsidy without delay if there is false statement in the application and I do not meet the subsidy requirements.
- I understand that after the subsidy payment is approved by Kanazawa City, this application will be regarded as a request for the subsidy.
- I agree that if necessary for continuous support during the period from this application and pregnancy through to childcare, municipal governments, medical institutions and counseling and support organizations are entitled to examine, share and mutually confirm the information they have obtained (postpartum health check status, postpartum care project usage status, accompanied maternity support project questionnaire results, childcare guidebook content, etc.)

Signature  
(applicant)

Date of signature  
(applicant) year month day

If you are a minor or an adult ward, your legal representative (parent, guardian, etc.) must sign below.

Signature  
(legal representative)

Date of signature  
(legal representative) year month day

Continues on the reverse side

①Applicant identification \*Attach a photocopy of one of the following:

- Driver's license
- My Number card (front side only, do not attach the back side)
- Health Insurance certificate  
(black out the code, number and insurer's number to make them illegible)
- Pension handbook, etc.

②Financial institution account information \*Attach a photocopy of one of the following:

- Bank passbook (page showing the account number)
- ATM card
- Internet banking screen (photo)

③Maternity and Child Health Handbook \*Attach a photocopy of the childbirth notification certificate.

Checklist

Please confirm and check (✓) the following items (□).

- ☐ You have received home visit counseling.
- ☐ There are no omissions or errors in the information entered above.
- ☐ The bank account number matches the number shown in the bank passbook photocopy.
- ☐ The photocopies of my identification, bank account information and Maternity and Child Health Handbook are attached.

\* You can also scan the 2D code below to apply online.



[Kanazawa City online application service]

[Inquiries regarding how to fill in the application form, subsidies, etc.]

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\*Do not fill in the items below.

面談時確認	
アンケート	<input type="checkbox"/> EPDS <input type="checkbox"/> 聞き取り
面談者	<input type="checkbox"/> 母 <input type="checkbox"/> 父 <input type="checkbox"/> 方祖父母 <input type="checkbox"/> 他( )

受付場所	<input type="checkbox"/> 泉野HC <input type="checkbox"/> 元町HC <input type="checkbox"/> 駅西HC <input type="checkbox"/> 本庁 <input type="checkbox"/> 郵送
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確認事項	
本人確認	<input type="checkbox"/> 免許証 <input type="checkbox"/> 保険証 <input type="checkbox"/> 住基カード <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 旅券 <input type="checkbox"/> その他( ) <input type="checkbox"/> マイナンバーカード
<input type="checkbox"/> 母子健康手帳	

整理番号

不備書類
<input type="checkbox"/> なし <input type="checkbox"/> 口座 <input type="checkbox"/> 本人確認 <input type="checkbox"/> 母子健康手帳
<input type="checkbox"/> 委任状 <input type="checkbox"/> 署名 <input type="checkbox"/> 口座確認 <input type="checkbox"/> その他( )

支給決定額

書類審査欄		
住所	口座	記載事項