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Information Summary Form (New/ Renew / Change of use

NAME		Komaki Tarou			
Disability Type and Grade	Physical disabled booklet	Category 1		Grade 1	
	Intellectual disabled booklet	Type / Evaluation		Grade	
	Mental and Social Welfare booklet	Grade Independent Medical Care Support (Outpatient Mental Health Care): Yes / No		According to submitted medical certificate	
Physical and Psychological Conditions	Place of activities during week days at home			Family Composition (including different domicile cases inside the same residence)	
	Place of activities during holydays at home				
Regular medical consultation . . . No ☒ Yes Using medicines . . . No ☒ Yes Seizures / crisis . . . ☒ No ☐ Yes Use of Assistance services for disabled persons . . . Home assistance (personal care) 5 hours/month Write if there is assistance in case of emergencies					
Caregivers Situation	Relation with the beneficiary R		Age		
	Physical and mental Conditions	Previous Illness history No/Yes ()			
	Life Style Situation	Place of activities during day time			
	Work Situation	Employment / Job No/Yes ()			
Long-Term Care Benefits, Training, etc. Status of Receipt of Benefits, Including Benefits for Children with Disabilities Attending Day Programs	Benefit Contents	Frequency	Period of use		
		___ / month	From ___ / ___ / ___ to ___ / ___ / ___		
		___ / month	From ___ / ___ / ___ to ___ / ___ / ___		
		___ / month	From ___ / ___ / ___ to ___ / ___ / ___		
		___ / month	From ___ / ___ / ___ to ___ / ___ / ___		
As shown in the attached copy of the beneficiary certificate (if a copy is provided, the above information does not need to be filled in)					
Usage Status of Facilities for Children with Disabilities as Defined in the Child Welfare Act	Placement in Facilities for Children with Disabilities No /Yes ()				
Status of Home Care Service Utilization Related to Insurance Benefits Under the Long-Term Care Insurance Act	Using the Long-Term Care Insurance System (kaigo) ☒ No ☐ Yes ()				
Use of Other Health Insurance Services, Medical Services, or Welfare Services, etc.	☒ No ☐ Yes ()				

