

Plan for using services and Assistance for disabled children (self plan)

Komaki city

Furigana		Birth date	Showa・Heisei・Reiwa Year month day	Phone number	— —
Name of applicant					
Beneficiary Number	1234567890.-/*<>%^~`"'+=!@#\$%&*"'(){}[]_=+,-,./:*;<>?`~ '(){}[]^_!@#	Level of disability	Yes・No(1・2・3・4・5・6)	Date of issue	

Required Assistance	What do you want to do
☐ Job and daily activities ☐ Home ☐ Daily life ☐ Others ()	☐ I want to go somewhere in day time ☐ I want to live alone ☐ I want to use assistance services (helper) ☐ Others ()

Service that wish to use (continue using)		Contents, Quantity (frequency ・ time)	Date of achievement
Daily Activities	☐ Transition to Job Assistance ☐ Child development assistance ☐ Job Continuous Assistance (Type A) ☐ Day service after school ☐ Job Continuous Assistance (Type B) ☐ Medical assistance for child development ☐ Visits to pre-school Assistance ☐ Daily life Assistance ☐ Training for independency (skills for daily life) ☐ Others ()		year month ・ continuation
	☐ Group Home Assistance (home care) ☐ Assistance to enter Institutions ☐ Life in group assistance (group home) ☐ Others ()		year month ・ continuation
Home	☐ Assistance at home (personal care, assistance at home , visits to medical institutions assistance , transportation assistance for visits to medical institutions) ☐ Assistance for Severe cases ☐ Assistance to Severe disabled ☐ Companion assistance ☐ assistance for mobility ☐ Short stay in Institutions ☐ Community transition and integration assistance ☐ Others ()		year month ・ continuation

Goals/Challenges	
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00							
8:00							
10:00							
12:00							
14:00							
16:00							
18:00							
20:00							
22:00							
0:00							
2:00							
4:00							