

## Family Situation Report 家庭状況調査書

Child's name		Date of Birth YYYY / MM / DD	Guardian's name	
		Date of Birth YYYY / MM / DD		

		Father	Mother
WORK	Workplace		
	Address of workplace	<input type="checkbox"/> Living by himself	<input type="checkbox"/> Living by herself
	Work status	<input type="checkbox"/> Self-employed <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Other(        )	<input type="checkbox"/> Self-employed <input type="checkbox"/> Full-time employee <input type="checkbox"/> Part-time employee <input type="checkbox"/> Other(        )
	Employment Period	From        /        /	From        /        /
	Job Description	Please provide information if you are self-employed.	Please provide information if you are self-employed.
	Working Hours	①        :        ~        : ②        :        ~        : ③        :        ~        :	①        :        ~        : ②        :        ~        : ③        :        ~        :
	Holiday		
PREGNANCY	Due Date	/ /	
	After Child Birth	<input type="checkbox"/> Return to work <input type="checkbox"/> Job searching <input type="checkbox"/> Maternity leave	
DISEASE	Disease	Name of disease (        ) Hospitalization (Period:        ~        ) Schedule of hospital visits(        ) Examination hours per visit(        )	Name of disease (        ) Hospitalization (Period:        ~        ) Schedule of hospital visits(        ) Examination hours per visit(        )
	Disability Certificate	Type :	Type :
NURSING	Person	Name :	Name :
	Name of disease		
	Receiving care at	<input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> School (Name of school:        )	<input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> School (Name of school:        )
JOB SEARCHING		<input type="checkbox"/> Hello Work <input type="checkbox"/> Job interview <input type="checkbox"/> Starting work (From        /        ) <input type="checkbox"/> Will search after entering the nursery	<input type="checkbox"/> Hello Work <input type="checkbox"/> Job interview <input type="checkbox"/> Starting work (From        /        ) <input type="checkbox"/> Will search after entering the nursery
SCHOOL	Name of School		
	Expected Graduation	/ /	/ /
	After Graduation	<input type="checkbox"/> Work <input type="checkbox"/> Job Searching <input type="checkbox"/> Other	<input type="checkbox"/> Work <input type="checkbox"/> Job Searching <input type="checkbox"/> Other

Child's		Name	Date of Birth	Address
Paternal	Grand father		YYYY    MM    DD / /	
	Grand mother		YYYY    MM    DD / /	
Maternal	Grand father		YYYY    MM    DD / /	
	Grand mother		YYYY    MM    DD / /	

