

## 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 / /	

