

Hokkaido (Normal Application) Rice & Milk Child-Rearing Support Initiative (Part 2) Application Form

This **mail application form** is for households that (1) **did not receive an aid package in Part 1**, or (2) received an aid package in Part 1 but **had a change in address or family composition since then**.

① Households that did not receive an aid package in Part 1

◆ Benefits of Online Application

We recommend applying online, as it doesn't require postage and allows for smoother inquiries and additional document submission.

If you apply online, you can choose e-coupons worth 5,160 yen.

To apply, scan the QR code on the right using a smartphone or tablet. Alternatively, you can apply directly via the URL below.

URL: <https://hkd2023kosodate-ouen.jp> *E-applications are available exclusively in Japanese.



◆ Sending an Aid Package to the Applicant's Address

For delivery of an aid package to a separate household within Hokkaido where the eligible child lives, please make that child the applicant.

*As a rule, the delivery address of any aid package must be within Hokkaido.

② Those who received an aid package in Part 1 but the address or family composition has since changed

◆ Please re-submit the same application as for Part 1 (the same application as (1)).

*People who had previously applied by mail may change to an online application this time.

Dear Suzuki Naomichi, Governor of Hokkaido,
I hereby apply for this program.

Date of Application: / /2024 (MM/DD/2024)

1. Pledges and Agreements Please review the following items and check the pledge and agreement box below.

- I confirm that I am responsible for a child born between April 2, 2005, and April 1, 2024, or that I myself am a child born within this period.
- I am a resident of Hokkaido as of the date of application and the information provided in the application form and supporting documents is accurate and truthful.
- I will not sell, trade, pawn, or use the aid package for profit or to borrow money.
- If the aid is revoked in accordance with the initiative implementation regulations, I will promptly return the aid package as instructed by the Secretariat.
- If there are any deficiencies in the submitted application form or documents or if the Secretariat contacts me to confirm details, I will respond promptly. I understand that failure to respond or submit the necessary information by the deadline will make me ineligible for aid.
- I agree that the information provided in the application may be shared with third parties for the administrative purposes of this program. This includes cases where the Secretariat or the Hokkaido Government shares the application information with third parties to determine eligibility. I also agree that the personal information of individuals listed in the application may be obtained from third parties within the scope necessary for the provision of aid. This includes cases where the Secretariat or the Hokkaido Government obtains personal information of such individuals to determine eligibility.
- I agree that the Hokkaido Government may provide the information contained in the application to public agencies (e.g., municipal governments, police, tax offices) upon their request, to the extent deemed necessary and appropriate.
- I am not a member of an organized crime group as defined in Article 2, Paragraph 6 of the Act on Prevention of Unjust Acts by Organized Crime Group Members (Law No. 77 of 1991).
- I agree that the Hokkaido Government will provide information on its policies related to this initiative to me at the address or contact information specified in the application.
- I agree that if an aid package does not reach the specified address, it will be resent only once, and that if the package still does not arrive, the application in question will be deemed withdrawn.
- If I receive gift certificates or equivalent, I will use them to buy rice and milk produced in Hokkaido.
- (Only applicable if an eligible child is applying) I will apply with the consent of my guardian. (This does not apply if there is no guardian.)

I will not raise any objections even if these items cause me any disadvantage.



I hereby pledge and agree to all of the items above.

2. Applicant

- For households within Hokkaido where guardians live with their eligible children, the guardians living with eligible children
- For households within Hokkaido composed solely of eligible children, the eligible children or their guardians living in Hokkaido
- For households composed solely of eligible children living outside of Hokkaido, while their guardians live within Hokkaido, the guardians living in Hokkaido

Name	Family name of applicant	Given name of applicant	Date of birth			ID document attachment verification
			Year	Month	Day	
						<input type="checkbox"/> Attached
Address of applicant			Phone numbers			
〒	-	Hokkaido	Cell phone	()	-	
			Land-line phone	()	-	

Application Category

Please check the application category box as applicable and fill out the section indicated on the right.

- Application for eligible children living with guardians → Fill out 4 (1).
- Application for eligible children living separately from guardians → Fill out 4 (2).
- Application for eligible children who are living with and separately from guardians → Fill out both 4 (1) and 4 (2).
- Application for households composed solely of eligible children by the eligible children → Fill out both 4 (1) and 4 (3).

Please turn over.

3. Aid Package List

*E-coupons are not available to those who apply by mail.

Aid package number	Aid package name	Details	
1	Gift certificates	Rice Gift Coupons or Rice Coupons worth 3,960 yen (440 yen × 9) and Milk Gift Coupons worth 1,200 yen (200 yen × 6)	Total value: 5,160 yen
2	Hokkaido Rice (Nanatsuboshi)	Polished rice (10 kg)	Total value: 5,160 yen (incl. shipping)
3	Hokkaido Rice (Nanatsuboshi)	Pre-washed rice (10 kg)	

4. Eligible Children Information on all eligible children is required. If there is not enough space, please make copies of this page.

(1) Application for eligible children living with guardians

*If the applicant is an eligible child, please provide only the desired aid package number. If there are other eligible children living with the eligible child, please provide information about them.

No.	Family name of eligible child living with guardian	Given name of eligible child living with guardian	Relation as seen by applicant	Date of birth			ID document attachment verification	Desired aid package number
				Year	Month	Day		
Child 1 with guardian			• Child • Other (specify:)	20			<input type="checkbox"/> Attached	<input type="checkbox"/> *Select one from the aid package list above and write its number.
Child 2 with guardian			• Child • Other (specify:)	20			<input type="checkbox"/> Attached	
Child 3 with guardian			• Child • Other (specify:)	20			<input type="checkbox"/> Attached	

(2) Application for eligible children living separately from guardians

*If there are multiple households composed solely of eligible children, each household will receive one aid package delivered to the applicant.

No.	Family name of eligible child living separately from guardian	Given name of eligible child living separately from guardian	Relation as seen by applicant	Date of birth			ID document attachment verification	Desired aid package number
				Year	Month	Day		
Child 1 apart from guardian			• Child • Other (specify:)	20			<input type="checkbox"/> Attached	<input type="checkbox"/> *Select one from the aid package list above and write its number.
	Address of the child							
Address	〒 -							
Child 2 apart from guardian			• Child • Other (specify:)	20			<input type="checkbox"/> Attached	<input type="checkbox"/> *Select one from the aid package list above and write its number. *If the box on the left is checked, any written desired aid package number will become invalid.
	Address of the child							
Address	<input type="checkbox"/> With Child 1 apart from guardian *Check the box if this child lives with "Child 1 apart from guardian." In this case, leave the address section below blank. This child cannot choose an aid package. 〒 -							

(3) If the applicant is an eligible child, please provide the guardian's information after obtaining their consent.

In the event there are any matters requiring confirmation, we may contact the guardian. If there is no guardian, please leave the section below blank.

No.	Family name of guardian	Given name of guardian	Relation to the child	Date of birth			ID document attachment verification	Phone
				Year	Month	Day		
1			• Parent • Other (specify:)				<input type="checkbox"/> Attached	()
Address								
〒 -								

Checklist for Documents to Be Submitted *Ensure that you have all of the required documents below.

- Hokkaido Rice & Milk Child-Rearing Support Initiative (Part 2) Application Form (this document)
*Please fill out the form.
- Copies of documents that can verify the names, dates of birth, and present addresses of all individuals listed on the application form.
*Examples: Certificate of Residence, Health Insurance Card (reverse side if the address is on the back), My Number Card (front side only), Driver's License (both front and back), Maternal and Child Health Handbook (cover page and the page with the address), etc.