

Addressee: Public Assistance Section, Social Welfare and Public Health Dept. Chuo City
(Chuo City Self-Reliance Support Center)

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※Monthly report must be made with this form. Please submit the report by facsimile or email system (in case of e-mail, attaching the PDF or photo of this form to the email) to the above filling out the below to this form.

To Mayor of Chuo City

Situation Report on Job Seeking Activities and so on

Name of Recipient _____

Now, I am receiving the Housing Security Benefit for Needy Person, therefore, I am reporting my job search activities for (Month) _____ / (Year) _____ together with required documents.

**【1. Working Situation】 Please fill out ☒ before the sentence which you are applicable to it.
(mandate)**

- ☐ Leaving a job/ Closing a business
- ☐ Employee (temporal leaving, reduction of working hours, without a shift)
- ☐ Self-employed business (temporal closing, reduction of operating hours, slumping business)

Those except for Leaving a job/Closing a business (mandate) Please check the below;

☐ would like to keep on current job ☐ having an intention of job change

【2. Job Seeking Activities】 Please fill out ☒ (mandate) next to the activities you have done in the past month.

☐ (mandate for all)	Having a consultation with the Public Employment Security Office (Hello-Work) concerning job hunting (consulted _____ times)
MM/DD ()	Counter /Phone/ E-mail/ Other
MM/DD ()	Counter /Phone/ E-mail/ Other
MM/DD ()	Counter /Phone/ E-mail/ Other
MM/DD ()	Counter /Phone/ E-mail/ Other
☐ ①	Applied to a certain company(s) for a permanent position or with the period of 6 months or over employment contract. (As a result, a temporal working contract is applicable. (applied _____ times) Required document: Re. No. 7 the report of searching a permanent position for work.
☐ ②	Consultation was made at the Public Employment Security Office (consulted _____ times) Required document: Re. No. 6 Confirmation slip on consultation
☐ ③	Supported on employment preparation and the betterment of domestic finance based on the supporting plan Date:
☐ ④	Other activities for job-hunting ※ Job-hunt activities line with the plan prepared by the Self-Reliance Support Center. (Details:
☐ ⑤	Consulted at management consultant on better management (_____ times) Date: _____ Name of the person _____ Required documents No. 11
☐ ⑥	Prepared the activity plan for self-reliance under the advice of the management consultant. Date: _____ Required documents No. 10
☐ ⑦	Acted as the plan for self-reliance (_____ times) (Detailed: MM/DD(_____) _____)

【3. Income situation】 (mandate). ※Please describe your income situation during this month

①Income amount JPY _____

(Details: _____)

※Public support, such as PENSION, PERIODIC SENT SUPPORTING MONEY etc.(Not including loans.)

※If such income is not a payroll of permanent job, supporting money shall not be cancelled right away

though the income amount exceeds the income standard for this subsidy.

② UNEMPLOYMENT INSURANCE (Receiving Period)
(Received amt. for this month)

③ Job-Training Program No./ Yes (Training Details:

Subsidy for Job Training Program ① No ② Yes, received (from to)
③ Expected receive date: MM/DD()

【4. Requirements for Job Seeking Activities】

Required activities are different based on your situation. Therefore, please confirm your necessary documents carefully not to miss submission. Besides, if you neglect job seeking activities, your subsidies may be cancelled anyway.

【Requirements for Those who have intended to be employed 】

Leaving work, closing ones' business, or temporally closing/leaving the business

- ① To apply to the Public Employment Security Office, and so on. (When making the application)
- ② To consult with the Self-Reliance Support Center (4 times or more in every month).
- ③ To consult with the Public Employment Security Office on the job hunting (2 times or more in every month).
- ④ To apply to the source of employment and/or receive an interview of it once or more in every week.
- ⑤ To commit the job-seeking activities line with the "Support Plan" (Consultation on domestic finance, participating in the seminar of business owners)

【Requirements for Those who have intended to reopen the business】 Temporally closing the business etc.

- ① ‘ To apply to any Management Consultant. (When making the application)
- ② ‘ Consultation at the Self-Reliance Support Center (4 times or more per month)※
- ③ ‘ Management consultation with management consultant (Principally, once in every month).
- ④ ‘ To act for increasing business income except for salary (once or more in every month.)
- ⑤ ‘ To commit the activities line with the "Support Plan" (Consultation on domestic finance, participation in the seminar of business owner, etc.)

Situation of Recipient	Requirements of job-hunting during the receiving period		
	1 - 3	4 - 6	7 -9
Those who intend to be employed	① ② ③ ④ ⑤	① ② ③ ④ ⑤	① ② ③ ④ ⑤
Those who intend to rebuild the business	①' ②' ③' ④'	① ' ② ' ③ ' ④ '	

	⑤'	⑤'	
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【 5 . Your living condition】 (mandate)

Please ✓, if you find the most appropriate situation/change after having applied this subsidy.

(Multiple answers allowed. Up to three choices)

☐ increase in household income ☐ decrease in household income ☐ left work (subject applicant) ☐ left work (household member) ☐ intention to change career ☐ delinquency of utility fees ☐ shortage in cost of food ☐ no budget for necessary materials for children (minimum daily groceries/educational materials) ☐ fell down with disease requiring hospitalization (including family members) ☐ getting a loan/cannot pay back it ☐ intention to move a house/room for more reasonable rent ☐ No any big change

【 6 . Difficulties in life 】 (Option)

If you have any difficulty or anxiety in your life, please fill out the details below. As to such problems, if you would like to receive the interview with the consultant, please check the below and submit to us.

We will contact you from our-side.

☐ Consultation over the phone ☐ Receiving the interview in person
Details:

I, herewith, declare the above is correct and true.

Submission Date: _____

Name: _____

Address: _____

Phone No.: _____