Hokkaido

(Normal Application)

Rice & Milk Child-Rearing Support Initiative (Part 3) Application Form

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

(1) Households that did not receive an aid package in Part 2

Applying online is convenient.

We recommend that you submit your application online, as it does not require postage and allows for smoother inquiries and additional document submission.

If you apply online, you can choose e-coupons worth 5,240 yen.

To apply, scan the 2D code on the right using a smartphone or tablet. Alternatively, you can apply directly via the following URL. URL: https://hkd2025kosodate-ouen.jp *Online applications have to be submitted in Japanese.

◆ As a general rule, an aid package (excluding e-coupons) will be delivered to the applicant's registered address

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

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

(2) Those who received an aid package in Part 2 but had a change in address or family composition since then

◆ Please submit a normal application. (It will be 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:	/	/2025 (MM/DD/2025)

is reade and Agreement riease review the following items and check the pleage and agreement box below.
(1) I confirm that I am responsible for a child born between April 2, 2006, and June 1, 2025, or that I myself am a child born within this period.
(2) Lam a resident of Hokkaido as of the date of application and the information provided in the application form and supporting documentation

- tion is accurate and truthful.
- (3) I will not trade or sell the aid package to others for profit, nor will I offer the aid package as collateral or pledge it or part of it.
- (4) If the aid is revoked in accordance with the initiative implementation regulations, I will promptly return the aid package as instructed by the secretariat.
- (5) 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 render me ineligible for aid.
- (6) 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 personal information of individuals listed in the application may also 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 from third parties to determine eligibility.
- (7) I agree that the Hokkaido Government may provide the information contained in the application to public agencies (e.g., municipal governments, police, and tax offices) upon their request, to the extent deemed necessary and appropriate.
- (8) 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
- (9) Tagree 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.
- (10) 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.
- (11) If I receive gift certificates or the equivalent, I will use them to buy rice and milk produced in Hokkaido.
- (12) (Only applicable if an eligible child is applying) I will apply with the consent of a 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

- 1 For households within Hokkaido where the guardian lives with their eligible children, the guardian living with their eligible children
- 2 For households within Hokkaido composed solely of eligible children, the eligible children or their guardian living in Hokkaido
- 3 For households composed solely of eligible children living outside Hokkaido, while their guardian lives in Hokkaido, the guardian living in Hokkaido

	Family name of applicant	Given name of applicant	Date o	f birth		Check if ID document is attached
Name			Year	Month	Day	Attached
	Address o	f applicant			Phone	number
₹	- Hokkaido		Cell phone	() -
			Landline phone	() -
Application category						
Pleas	Please check the application category box as applicable and fill out the section indicated on the right.					
│ □ Aı	oplication for eligible children living	with their guardian			Fill out	4 (1).
🗆 A	oplication for eligible children living			Fill out	4 (2).	
Al 🗆	oplication for eligible children who a	their guardian —		Fill out	both 4 (1) and 4 (2).	
☐ A	oplication for households compose	d solely of eligible children by the e	ligible children	-	Fill out	both 4 (1) and 4 (3).

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Aid package number	Aid package name	Details			
1	Gift certificates	Rice Gift Coupons or Rice Coupons worth 4,840 yen (440 yen \times 11) and Milk Gift Coupons worth 400 yen (200 yen \times 2)	Total value: 5,240 yen		
2	E-coupons	*E-coupons are not available if application is submitted by ordinary mail.			
3	Hokkaido Rice (Nanatsuboshi)	Polished rice (5.5 kg)	Total value: 5,240 yen		
4	Hokkaido Rice (Nanatsuboshi)	Pre-washed rice (5.5 kg)	(incl. shipping)		

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

(1) Application for eligible children living with their guardian

*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 their guardian	Given name of eligible child living with their guardian	Relation as seen by applicant	Date of birth			Check if ID document is attached	Desired aid package number
Child 1 living with guardian			• Child • Other (specify:)	2 0	Month	Day	☐ Attached	
Child 2 living with guardian			• Child • Other (specify:)	Year 2 0	Month	Day	☐ Attached	*Select one from the aid package list above
Child 3 living with guardian			• Child • Other (specify:)	Year 2 0	Month	Day	☐ Attached	and write its number.

(2) Application for eligible children living separately from their guardian

*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	Check if ID Date of birth document is attached			Desired aid package number	
Child 1			• Child • Other (specify:)	Year 2 0	Month	Day	Attached	
separately from		,	Address of child					*Select one from the aid
guardian	Address = -							
Child 2			• Child • Other (specify:)	2 0	Month	Day	Attached	
separately			Address of child					*Select one from the aid
from guardian	With Child 1 living separately from guardian *Check the box on the left if this child lives with "Child 1 living separately from guardian." In this case, leave the address section below blank. This child cannot choose an aid package.						package list above and write its number. *If the box on the left is checked, any desired aid package number will become invalid.	

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

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

No.	Family name of guardian	Given name of guardian	Relation to child	Date of birth			Check if ID document is attached	Phone number	
1			Parent Other (specify:	Year Month Day		Attached	(-	
			Addres	ss					
₹	-								

Checkinst of Documents to De Submitted Ensure that you have an of the required documents below.
☐ Hokkaido Rice & Milk Child-Rearing Support Initiative (Part 3) 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, 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), Health Insurance Card (both front and back if the address is printed on the back), etc.