Notification of Moving-in / Procedure Check Sheet (Procedure in City Office)

Wecome to Towada City!

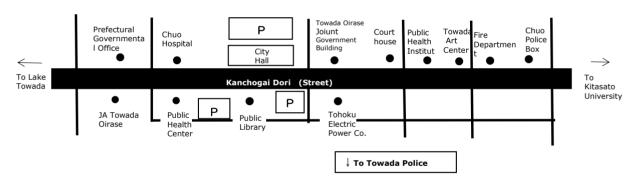
Please complete the procedure for the following applicable items at each reception counter. Depending on circumstances, there may be procedures and required documents other than those shown on this sheet, so please check with the reception desk.

Reception desk	Division in charge	Due date	Things you need	Procedure	Category	che ck		
		he	Name stamp Identification document of tregistrant (with photo ID).	New name stamp registration	Person who needs name stamp certificate.		N Ia nm	
	Community Service	Within 90 days from notificatio n	Individual number card or Basic resident register card Enter your PIN code (4 digit number)	Continuous use of the card	Those who have either Individual number card or Basic resident register card	I E	de i vs it da	
No.3	Division (Citizen Record Unit) 251-6755	oving out.	%The application at the previ address will be canceled by n Pleasecontact us if you nee	Re-application (if you need)	Person who have applied for Individual number card at the previous address and have not received it yet.	fe a a	um ap ol tr hne eug rmi	
		of	Individual number card Enter PIN cord (6-16 digit alphanumeric)	Application for electronic certificate issue (if necessary) XIt automatically revokes due to address change.	Person who installed digital certificate for signature on Individual number card.	d s n	s bs et rr a ct	
Old Building 2F	Urban Improvement and Construction Division \$\oldsymbol{\Delta}51-6738\$	Copy of resident change notification, etc. *If you need more information, please contact us.		· Aplication of living together in municipal housing.	Person who will live in municipal housing. *Prior confirmation to Urban development & Building division is required.	n * U	ai ro d n	
No.11	National Health Insurance Division (National Health Insurance Diffusion Unit) ☎51-6750	_	Identification document of the submitter Individual number card of head of household and all of the transferers. Certificate of losing a qualification for health insurance. (No health insurance at all) *Power of attorney will be required when a person from other household applies. (Health insurance will be sent by mail)	National Health Insurance enrollment procedure	Person who had joined National Health Insurance at the previous address, or person who has no insurance at all.	Perso Natio at th or pe insur	H e a I t h	
	National Health Insurance Division (Geriatrics and		transfer.	Maternal and Child Health Handbook Individual number card of transferee Copayment category certificate, etc.(Move-in from other prefecture)	Application for pregnant women's 10 percent benefit certificate. Procedure for acquisition of qualification (transfer to another prefecture) or change of qualification (transfer in thi prefecture)	Person who has maternal and child health notebook. Person who had joined the late-stage elderly medical care system at the previous address.	la C	n s u r a n c e
	Gerontology Unit) 2 51-6752		You may continue to become the member of the late-stage elderly medical care system of the previous address.	Confirmation of qualification	Person who tranfered from outside of this prefecture to Domicile Exception.			
See the	Support Center for Parents and Children of Child-Rearing Generation 251-6797	Pa of Ge e • Maternal and Child Health Handbook		Delivery of pregnant woman health checkup examination form.	Pregnant women.	P	C h	
peripheral map	Public Health Center 2 51-6792			Confirmation of infant health check-up. Vaccination prescription issuing	Person who has a child in preschool age. Person who has a child	P	l d	
· eı	Insurance Division (Geriatrics and Gerontology Unit) \$51-6752 Support Center for Parents and Childrearing Generation \$51-6797 Public Health Center		transferee	qualification (transfer to another prefecture) or change of qualification (transfer in thi prefecture) Confirmation of qualification Delivery of pregnant woman health checkup examination form.	late-stage elderly medical care system at the previous address. Person who tranfered from outside of this prefecture to Domicile Exception. Pregnant women. Person who has a child in preschool age.		c e	

		che ck	Category	Procedure	Things you need	Due date	Division in charge	Reception desk
			The one who receives child allowance	Certification request etc.	Health insurance of the recipient Bankbook of the recipient Individual number card	Within 15 days from the day following the scheduled moving-in date	Child Raising Support Division (Child Nursing Unit) \$\sigma 51-6717	No.8
			Person who wants his/her child to enroll a childcare facility.	Application for childcare use	Certificate of employment etc. Individual number card		Child Raising Support Division (child nursing unit) 251-6717	
			Person who receives child medical expenses service.	Apply for certification of recipient qualification	Health insurance of the childIndividual number cardBankbook of your bank acount			
	c h i I		Person who is relevant to a single parent family.	Apply for qualification for receiving single parent family medical expenses support certificate.	Health insurance card of the parents and the child Bankbook of your bank acount Family register certificate Individual number card		-Child Raising Support	No.8
	ŭ			Child support allowance address change notification Apply for child support	Child support allowance certificate		Division (Child Care Allowance	
				allowance certification	**Please contact us for more information		☎ 51-6716	
			Person who apply for nursing care benefits	Apply for benefts, etc.	Insurance card of person who supports child Foster care and medical opinion Individual number card Residence card of all the household			
			Those receiving special child support allowance	Recipient and child address change notification	members. • Special child support allowance certificate			
			Person who have elementary and junior high school children	School transfer procedure	※If you need more information, please contact us.		General Affair Division in Board of Education 58-0182	Old Building 3F
	Advaaaneced		Those who have received nursing care certification at the previous address.	Apply for nursing care requirement	Name stamp Qualification of receiving certificate	Within 14 days from moving- in.	Elder Care Service Division \$51-6721	No.10
P e n s i o n			Person who is receiving pension	Address change notification	 Identification document of the submitter Individual number card or things to identify your basic pension number. 			
			Person who transferred from overseas	Joining the National Pension (Between 20 and 60 years old)	Identification document of the submitter Individual number card or things to identify your basic pension number. Passport			
	e n s i		Person who has retired from the company with an employee's pension	Notification of national pension qualification acquisition	Identification document of the submitter Certificate of losing qualification or document of unemployment. Individual number card or things to identify your basic pension number.	Within 14 days from notificatio n date	2 51-6753	No.2
		subscriber.	3333.10	National pension insurance premium exemption application	Identification document of the submitter Certificate of unemployment. Individual number card or things to identify your basic pension number.			
			Person who is subscribing to or receiving farmer's pension	Farmer pension address change notification			Agriculture Committee 251-6740	Old building 4F

	che ck	Category	Procedure	Things you need	Due date	Division in charge	Reception desk
D i		Person who has disability certificate. (Physically or mentally disabled)	Notification of certificate content change.	Disability certificate			2F No.6 No.7
a b i i t		Person who is receiving medical expenses for services and support for persons with disabilities.	Address change notification	Health insurance card Things that can confirm the address Certificate of beneficiary at previous address Specific Disease Medical Tre Receipt Certificate (Only for december 1).	the eatment	livelihood Welfare Division 2 51-6718	
		Person who has a dog	Notification of changes on registration matters.	• Dog license at the previous	address	City Planning Support Division/Department of Environmental	
		About garbage collection	We will give you "The trash pick up schedule" paper.			Health	No.12
O t h		About the neighborhood association.	We will inform you of the contact information of the president of the neighborhood association.			City Planning Support Division/Citizen Activity Support Unit \$251-6725	
e r s		Those who wish to receive the new corona vaccine.	Application for issuance of vaccination tickets. (5 years old and up)	Vaccination certificate issue previous nunicipality. %Please if you have not applied for vaccination, you will not rec information from Towada	e note that or the ceive any	Public Health Center 2 51-3936	See perimeter
		Those who with to receive a health checkup.	Health checkup application (Phone or web reservations).	<pre>%Please contact us for more information 【City websites QR code】 →</pre>		Public Health Center 251-6790	map.

The Map Around City Hall





Towada City Hall = 034-8615 6-1, Nishi Juniban-cho, Towada-shi, Aomori-ken

Phone: 0176-23-5111 (main) HP: https://www.city.towada.lg.jp

Open hours: Monday ~ Friday 8:30~17:15 (Except for Japanese National holidays)

****About Citizen Division's certificates issuing**

Available until 18:00 on Monday to Friday, we are issuing certificates such as family register, resident card or name stamp.