support and since such behaviors will lead to termination of employment if they occur at work they are major impediments to social participation. Some people with higher brain dysfunctions become violent at home, even though they may be quiet outside the home. It is necessary to listen to the family in order to understand what the client is like at home before considering a suitable response.

Decreased control of desire may result in abnormal eating behavior, causing the client to eat everything placed on the table. The family is therefore required to serve only a portion of the meal by placing the plate in front of the client and hiding all confectionery etc.

(3) Health management support

Health management support includes "assistance with hospital visits", "drug administration guidance, support and monitoring, etc.", "medical procedures regarding illness and injury, etc.", "assistance understanding a medical diagnosis and the explanations provided by doctors and nurses, etc.", and "responses to health management". Assistance understanding a medical diagnosis and the explanations provided by doctors and nurses, etc. and assistance with drug administration are required even for patients with only mild dysfunctions.

The family often accompanies the client when he/she goes to a hospital because the client cannot explain his/her conditions adequately to a doctor, or adequately understand and communicate what the doctor says to the family, even if he/she can go to a hospital alone. A client often administers drugs him/herself by using compensatory means. The family often needs to check or monitor drug administration, or repeatedly explain the need to take drugs.

"Overeating", "too much intake of alcohol and coffee", "excessive smoking" and "lack of exercise due to inactivity" are deeply related to social behavioral disorders. The family often has to set a daily intake and make the client promise to stick to it.

(4) Consultation Support

"Consultation about anxiety and problems in daily life", "liaison and coordination with relevant organizations" and "psychological counseling" are necessary even for persons with only mild disabilities. Consultation support for "anxiety and problems in daily life" is necessary for all clients, regardless of the severity of their disabilities. This is the type of support needed most by persons with mild higher brain dysfunctions. Their families provide consultation on a daily basis. Specialist staff from supporting organizations or medical institutions may also provide frequent

consultation.

(5) Activity Participation Support

Persons with moderate or serious higher brain dysfunctions are likely to require "assistance with participation in recreational activities and events, etc." There is a great need for "assistance with learning activities, self-determination and self-choice" among all clients.

(6) Communication Support

There is also a need for assistance with the "preparation of materials for information provision" and the "operation of word processors and PCs as a communications tool".

In real life, a client can find himself/herself in a situation where "he/she cannot use a telephone because he/she cannot take a message properly", "he/she feels lonely in a group conversation", "he/she is misunderstood because his/her understanding or communication is inadequate", and "he/she has difficulty conducting a smooth conversation and interacting with people". Support is required in order to help the client and other people understand each other, and help the client so that he/she will be received into the group.

(7) Other Support

A client's family tries to support the client as best as they can in the "act of signing a contract" and the "preparation of documents". In some cases, the client is forced into a "con game" with his/her family struggling to sort out the mess. A person with mild higher brain dysfunctions has difficulty responding to unexpected situations, even if he/she is independent in daily life. In many cases, the family can help the client solve these problems.

3 Family Support

It is often the case that people with higher brain dysfunctions live at home while receiving care. Therefore, their families undertake most of the daily living support described in the "livelihood support and care" section above. Families are placed in a situation where there are few consultation bodies and facilities available that they can use, and so they are unable to use public welfare services. In addition, medical institutions and those around them may have little understanding of higher brain dysfunctions. As a result, some families cannot understand the disabilities they are faced with and have no way of knowing what to do, which only deepens their confusion further.

Family support includes "home helpers", "mental care and consultations", "introduction to and the use of family associations and seminars", "the provision of information about systems and social resources", "coordination of the use of

systems and social resources", "day service" and "respite care".

One of the means available to provide mental care and consultation to families is to reduce their mental stress by listening to their problems and hardships, and helping to facilitate their acceptance of clients' disabilities. If families do not know how to respond to social behavioral disorders, it would help if they were taught what to do in specific terms.

Experts are not the only ones who can provide mental care and consultation. Providing peer counseling by bringing families in a similar situation together can also be very effective.

It is often the case that not only those around clients but also their families lack a good understanding of higher brain dysfunctions. The participation in seminars related to higher brain dysfunctions by healthcare and welfare professionals, clients and their families will help. Families will then come to understand that there are many people who have the same disabilities and that they are not the only ones who are suffering. They will be heartened by that fact and will then be able to view higher brain dysfunctions more objectively.

Once in possession of a disability certificate, clients have greater access to welfare services and social resources. Therefore, they should be encouraged to investigate whether any physical, intellectual or mental disability certificates are obtainable and if it is possible to apply for one.

To coordinate the use of social resources, tours of inspection and experience programs should be conducted in order to decide whether a client will use them or not.

If a facility is used as a means of social participation, it is necessary to approach the facility in order to help the staff understand higher brain dysfunctions and have them provide suitable support. It is also necessary to provide consultation services and advice to the facility if they have difficulty in providing support to persons with higher brain dysfunctions. Persons with higher brain dysfunctions may have negative feelings about a facility for persons with disabilities and may resist involvement because they do not fully understand their own disabilities. Therefore, it is necessary to provide a comprehensive explanation so that they can understand what the facility offers and will be motivated to use it. Otherwise, they will not be able to make full use of the facility and their condition will not be stabilized.

The facility must understand not only the clients' physical disabilities but also the characteristics of their higher brain dysfunctions if they are to provide day service and respite care. Otherwise, various problems may arise and the facility could refuse admission to clients. Clients' families feel cornered when they hear a facility complaining about its clients. In order to support families, it is necessary to consider not only families' problems and look for ways to solve them, but also to increase the number of people in the community who understand higher brain dysfunctions.

References

- Model Project for Supporting Persons with Higher Brain Dysfunctions Interim Report, March 2003, National Rehabilitation Center for Persons with Disabilities, Japan
- 2 Model Project for Supporting Persons with Higher Brain Dysfunctions, Case Report

Vol. 1, March 2003,

Model Project for Supporting Persons with Higher Brain Dysfunctions, Local Base Hospital Liaison Council

- 3 FY2002 Higher Brain Dysfunctions Support Model Project Implementation Report, May 2003, Higher Brain Dysfunctions Support Model Project Local Base Hospital Liaison Council
- 4 Higher Brain Dysfunctions Support Model Project Report from FY2001 to FY2003, March 2004, National Rehabilitation Center for Persons with Disabilities, Japan
- 5 Higher Brain Dysfunctions Support Model Project, Collection of Case Examples Vol. .2, March 2004, National Rehabilitation Center for Persons with Disabilities, Japan
- 6 FY2004 Higher Brain Dysfunctions Support Model Project Implementation Report, Higher Brain Dysfunctions Support Model Project Local Base Hospital Liaison Council

For information about the Higher Brain Dysfunctions Support Model Project, please visit the website below.

http://www.rehab.go.jp/ri/brain/index.shtml (in Japanese only)

Form 1-1 Medical Certificate by Physician (Sample) (For diagnosis of higher brain dysfunction: Project for supporting persons with higher brain dysfunctions) Born: Year Month Day (Age: Name M F Address ①Causative disorder(s) of Circle an appropriate ICD-10 class* higher brain dysfunction F04, F06, F07 2 Medical history from the onset to present. (Date of onset, clinical history, etc.) ③ Current symptoms, pathological conditions, etc. (Indicate major symptom(s) of the disability with ①, and minor symptom(s) with ①) (1) Memory Problem 1 Anterograde amnesia 2 Retrograde amnesia (2) Attention Problem 1 Generalized attention impairment 2 Unilateral spatial neglect (3) Executive Dysfunction 1 Impairment in planning an action that meets the purpose 2 Impairment in executing an action that meets the purpose (4) Social Behavioral Disorders 1 Decreased willingness/spontaneity 2 Personality disorder 3 Difficulty in interpersonal relationships 4 Dependent behaviors 5 Perseveration 6 Others () 4 The extent to which the symptoms and pathological conditions indicated in section 3 affect the patient's daily life (circle one of the options shown below). 1 Higher brain dysfunction is observed but the patient can lead normal daily and social life. 2 Higher brain dysfunction is observed and the patient has difficulty in daily and social life to some extent. 3 Higher brain dysfunction is observed and the patient has significant difficulty in daily social life, for which the patient requires occasional support. 4 Higher brain dysfunction is observed and the patient has significant difficulty in daily and social life, for which the patient requires constant support. 5 Higher brain dysfunction is observed, due to which the patient is unable to do anything. ⑤ The result(s) of diagnostic imaging or neurophysiological examinatio(s) that represent injury/onset of ①: 6 The result(s) of neuropsychological test(s) for symptoms and pathological conditions of 3 1 WAIS score (PIQ VIQ FIO 2 Mini mental scale score or Hasegawa dementia scale score (3 Others Welfare service(s) currently used (rehabilitation center, small workshop, group home, home help, home guidance, etc.) Solution involves memory problems whose causative the main pathological condition involves memory problems whose causative

Output

Description:

Descri disorders include traumatic brain injury, cerebrovascular damage, hypoxic encephalopathy, encephalitis or brain tumors are classified as F04. Cases in which the main pathological condition involves attention problems/executive dysfunction are classified as F06. Cases in which the main pathological condition involves personality and behavioral disorders are classified as F07. Year Month Day Address of the medical institute Name of the medical institute Telephone Name of the physician (sign or name with a seal)

organization use only
No.

I am applying for Higher Brain Dysfunction Support as follows.

Date of Application (Date) (Month) (Year)

				Date	• • • • • • • • • • • • • • • • • • • •	Jale) (Month) (Year)
				Date of Birth	(Date) (Month) (Date) (Month)	(Year) (Year) (Age:)
APPLICANT	Name			Sex	Male	• Female
TIC/		Ŧ				
APP	Present					
	Address			TEL:		_
l				FAX:	_	
Physi	cal Disability Cert	ificate Number	Intellectual Disability	Certificate Number	Mental Health We	elfare Certificate Number
()	()	()
Please	e state your proble	ms and the type of	support that you require.	(Please be as specif	ic as possible.)	
				•		,
ı						

Written by the applicant / Written on behalf of the applicant (Circle one of the two.)

Name of the person who has written this document on behalf of the applicant:

	Name	Agent / Representative (Circle one of the two.)			
TER		Relations	Relationship with the applicant:		
SUBMITTE	Address	EL:			

Case Card

*For use	by support center	
No.		

Higher brain dysfunction support center: Higher brain dysfunction support coordinator: Filled in by:

Date: Year

Month

Day

				Date of birth	Year	Month (/	Date Age:)	
Name				Sex		Male/Fer	nale	
Current	Post Code				-			
address	TEL:	, I	FAX: -	-				
Emergency	Name	I	Relationship	()	
contact	Address Post code							
Attending	TEL:]	FAX: -	-				~~~~
physician	Hospital			Departmer	ıt		Physician	n
Diagnostic / Disorder name								
	Physical disability certificate Ye	s (Гуре	Grade)	No	Applying		
Certificate(s)	Mental disability certificate Ye	s (Grade)	No	Applying		
•	Intellectual disability certificate Ye	s ()	No	Applying		
Current Center/ Service(s)								
IIf	Support benefit Yes (*. · · · · · · · · · · · · · · · · · · ·)	N	· O	Claiming		
Use of social system	Long-term care insuranc Yes ()	N	o .	Claiming		
	Others ()		
Health insurance	National health insurance Social insura	ance Mu	tual aid insu	ırance Pu	blic Assist	ance benefit	Others ()
Disability benefits	Self-support Nourishment Severely di	isabled	Others	()		***************************************	
Higher Brain Dysfunction	Memory problem Attention problem Ex Social behavioral disorders [Decreased vinterpersonal relationships Perseveration	willingness					culty with	
Physical complication(s)	Paralysis (Panplegia/Right hemiplegia/L	eft hemiple	egia) Ataxia	Aphasia O	thers ()		
Function data	HDS-R (/30)		Barthel inde	x(/100)	
- unonon data	TMIG index of competence (/13	•	Disturbance	•	/8)			
Shifting means	Walk independently Walk under observ wheelchair	ation Wall	k with suppo	ort Indeper	dent with	wheelchair Sup	port with	
	Equipment ()	

Form 2

Date of injury/onset Medical history Progress of current treat Medical caution(s)]	Year	Month	Day				
rogress of current treat	itment		•				
	itment		•	7777 J. 1	···		
	tment					·····	
	itment			9, 100, 100, 100, 100, 100, 100, 100, 10			
Medical caution(s)]							
Medical caution(s)]							
Medical caution(s)]							
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \				•••••	•••••	••••	
istory of centers	Year	Month			***************************************		
,	Year	Month		•			
	Year	Month					
rogress of training/sup	pport						
[Caution(s) regarding	support			***************************************			********
	** -						
ifo history (in alledin a -						194711-31	
ife history (including e		mployment)				774 59 - 11	
ife history (including e		mployment)				1.9.14	
ife history (including e		mployment)			**************************************		
ife history (including e		mployment)					
ife history (including e		mployment)					
Study/work	education and e						
Study/work Office	education and e	il-service worker	Part-timer	Self-employed	Student		
Study/work status before onset Office	education and e		Part-timer Unemployed	Self-employed Others (Student)		
Study/work status before onset Office	education and e	il-service worker	Unemployed				
Study/work status before onset Office	education and e	il-service worker	Unemployed	Others (
Study/work status before onset	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset mancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status	education and e	il-service worker	Unemployed	Others (
Study/work status before onset inancial status amily status emarks	worker Civiewife/husband	il-service worker On leave	Unemployed	Others ()	Month	Day
Study/work status before onset inancial status family status demarks cutcome (to be filled in	worker Civiewife/husband	il-service worker On leave	Unemployed	Others (structure chart Filled in on:	Year		Day
Study/work status before onset inancial status amily status emarks outcome (to be filled in imployment assistance	worker Civiewife/husband at the end of sue	il-service worker On leave	Unemployed Family	Others (structure chart Filled in on:	Year	ор	
Study/work status before onset Tinancial status Tamily status Semarks Outcome (to be filled in imployment assistance	worker Civiewife/husband at the end of sue	il-service worker On leave	Unemployed Family	Others (structure chart Filled in on:	Year	ор	

* For support base organization use only	•••
No.	

Form 3

Higher Brain Dysfunctions Support Needs Determination Form

Higher Brain Dysfunctions Support Coordinator:

Registrant:

Date of Registration: (Date) (Month) (Year)

First Time / Time

Name:			(Male / F	emale)	Age:	
Accommodation S	Status:	Hospitalized	Lives at a	afacility		Lives at home
Family Status:	[Suppor	t & Understandin	g] Available	Not Ava	ailable	
	[Key Pe	rson]				
Relationships with	n people c	ther than family:	Good	Not Goo	d	
: : :						

Important Note

This determination form is <u>used to determine the type of support required by persons with</u> <u>higher brain dysfunctions.</u>

This document must be filled out by a <u>person who is not a member of the family and who mainly provides support to the client</u>. The said person shall <u>evaluate the type of support currently required by the client</u>, based on the actual conditions of the client and his/her family. The said person is to circle <u>only one of the three options available in order to indicate whether there is "great need", "moderate need" or "no need (little need)" for support, regardless of the reason why the client needs that support (i.e., higher brain dysfunctions or physical disability). If support does not apply to the client or if it has not been confirmed that support applies to the client, please circle "no need (little need)".</u>

If some other type of support is required, please refer to "Other Support" on the separate table at the end of the document. Please use the "Special Instructions" to describe the type of support required, if it is not already included in the document.

			Ne	ed	No Need
		Evaluation Item	Great Need	Moderate Need	(Little Need)
	١.	Assistance with personal hygiene such as face	All-round support	Partial support	Little need for
0	1	washing, brushing teeth and applying makeup	required	required	support
① Physical Nursing Care			All-round support	Partial support	Little need for
	2	Ambulation assistance	required	required	support
		Meal preparation and tidying up after	All-round support	Partial support	Little need for
	3	meals	required	required	support
		Manitarian and sharmation while bathing	Constant support	Occasional	Support required
	4	Monitoring and observation while bathing	required	support required	less frequently
	1	Assistance with money and account	All-round support	Partial support	Little need for
	Ľ	management	required	required	support
	2	Assistance with outings, use of	All-round support	Partial support	Little need for
	_	transportation and recreational facilities	required	required	support
1	3	Assistance with dressing to suit the time	All-round support	Partial support	Little need for
	L	and place	required	required	support
	4	Assistance with clothes, personal belongings,	Constant support	Occasional	Support required
	Ľ	keeping the room in good order	required	support required	less frequently
	5	Assistance with outings and shopping	Constant support	Occasional	Support required
	L		required	support required	less frequently
	6	Assistance relating to unexpected behavior such as	Constant support	Occasional	Support required
	_	impulsive movements and hyperkinesis	required	support required	less frequently
	7	Assistance responding to perseveration	Daily support	Occasional	Support required
	<u> </u>		required	support required	less frequently
	8	Assistance with independent activities and	Constant support	Occasional	Support required
	-	self-motivation in all aspects of life	required	support required	less frequently
l R	1	Assistance with hospital visits	Constant support	Occasional	Support required
<u>d</u>	-	,	required	support required	less frequently
જ	2	Drug administration (e.g. guidance, assistance	Daily support	Occasional	Support required
Health Management Support	-	and monitoring)	required	support required	less frequently
l Ř	3	Medical procedures regarding illness and	Constant support	Occasional	Support required
age	\vdash	Injury, etc. Assistance with understanding any diagnosis and	required All-round support	support required Partial support	less frequently Little need for
an	4	explanation provided by doctors and nurses, etc.		1	
2	\vdash		required	required	support
憲		Assistance with health management (e.g. health checks/prevention of bed sores and	Daily support	Occasional	Cuppert required
H H	5	· ·			Support required
(e)		obesity/appropriate exercise/excessive intake of	required	support required	less frequently
<u> </u>	+	alcohol, tobacco or coffee)	Evtonolus current	Occasional	Cupped accided
_	1	Consultation about anxiety and problems	Extensive support		Support required
Consultation Support	-	in daily life, etc. Guidance for the family when the client enters a	required Constant support	support required Occasional	less frequently Support required
l the	2	-	1		1
Consultat Support		facility. Liaison and coordination with the family	required	support required	less frequently
1	1	Liaison and coordination with the relevant	Constant support	Occasional	Support required
₹	3	organizations (e.g. welfare offices, local	required	support required	less frequently
		facilities, day-care institutions)	'		
		Assistance with events and activities taking place at	All-round support	Dortiol support	Little need for
Į o	1	the facility (planning of and participation in summer	1	Partial support	1
d		festivals/cultural festivals/athletic meetings)	required	required	support
Activity Participation Support		Assistance with participation in local community	All-round support	Partial support	Little need for
io	2	activities (e.g. community associations)	required	required	support
pat		Assistance with participation in recreational	All-round support	Partial support	Little need for
tici	3	activities such as group activities and hobbies	required	required	support
^D ar	Ι.	Assistance with participation in events taking	All-round support	Partial support	Little need for
→	4	place outside the facility, such as travel	required	required	support
Į į	-	Assistance with exercising the right to	All-round support	Partial support	Little need for
\[\bar{\sigma} \]	5	vote during elections for public office, etc.	required	required	support
மு		Assistance with participation in activities	All-round support	Partial support	Little need for
	6	undertaken by clients	required	required	support
L			1		

		Evaluation Item	Ne	No Need	
			Great Need	Moderate Need	(Little Need)
	1	Assistance with transportation/ambulation relating to training and work	All-round support required	Partial support	Little need for
	2	Assistance in building up motivation for	All-round support	required Partial support	support Little need for
	2	training and work	required	required	support
	3	Training and work appropriate for the client's communication ability, cognitive level and comprehension	Constant support required	Occasional support required	Support required less frequently
	4	Assistance with understanding the content of training and work	All-round support required	Partial support required	Little need for support
	5	Safety considerations during training and work	Constant support required	Occasional support required	Support required less frequently
	6	Assistance with preparation and clearance	All-round support	Partial support	Little need for
oort	<u> </u>	relating to training and work Disaster prevention training and guidance	required All-round support	required Partial support	support Little need for
ldng	7	that takes disabilities into account	required	rarital support	support
논	8	Training and guidance for wheelchair operation and walking/behavior in daily life/self-catheterization, etc.	All-round support	Partial support	Little need for
Š			required	required	support
Training and Work Support	9	Assistance with transition training to return to the local community and home (e.g. cleaning, washing, cooking, menu planning and household accounting)	All-round support required.	Partial support required	Little need for support
© Trainir	10	Applied performance training/endurance and alertness training/training to improve physical strength in order to adapt to society	All-round support required	Partial support required	Little need for support
	11	Training and guidance relating to Architect CAD/Machine CAD/information processing/basic PC skills, etc.	All-round support required	Partial support required	Little need for support
	12	Training and guidance relating to clerical work/pottery/sewing and handicrafts, etc.	All-round support required	Partial support required	Little need for support
	13	Training and guidance relating to woodwork/wood carving/bag making/hole making/packaging/manufacturing and assembly operations, etc.	All-round support required	Partial support required	Little need for support
	14	Training involving daily living skills such as recreation and gardening	All-round support required	Partial support required	Little need for support
pport	1	Communication training	All-round support required	Partial support	Little need for
ation Supp	2	Preparation of special materials for information provision in due consideration of the client's disabilities	All-round support required	required Partial support required	support Little need for support
Communication Su	3	Assistance with writing and the operation of a word processor/PC, etc. (including writing on behalf of the client)	All-round support required	Partial support required	Little need for support
0	4	Assistance with handling telephone calls and fax messages	Constant support required	Occasional support required	Support required less frequently
	1	Coordination of local support systems	All-round support	Partial support	Little need for
şt⁄.	F	required for post-facility life Liaison and coordination with the relevant	required All-round support	required Partial support	support Little need for
Society	2	organizations .	required	required	support
	3	Preparation and evaluation of employment support programs	All-round support	Partial support	Little need for
Return to	4	Assistance relating to on-the-job training	required Constant support	required Occasional	support Support required
jtruz	F	and workplace Assistance relating to the selection of an	required	support required	less frequently
1	5	employer and coordination with the employer	All-round support required	Partial support required	Little need for support
⊚	6	Follow-up activities after returning to	Constant support	Occasional	Support required
© Family Support	1	Home helper service	required Daily support required	Support required Occasional support required	Support required less frequently

[Separate Document: Reference Item]

Evaluation Item			Ne	No Need		
		Evaluation item	Great Need	Moderate Need	(Little Need)	
sical Care	5	Assistance with waking up and going to sleep on a bed	All-round support required	Partial support required	Little need for support	
4 E E 6		Assistance with taking off and putting on clothes	All-round support required	Partial support required	Little need for support	
Nurs	7	Awakening the client to go to the toilet, assisting the patient go to the toilet	Constant support required	Occasional support required	Support required less frequently	
iving	9	Assistance with an unbalanced diet, overeating, allotriophagy/excessive drinking/rumination	Constant support required	Occasional support required	Support required less frequently	
Daily Living Support	10	Assistance responding to panic	Constant support required	Occasional support required	Support required less frequently	
0	11	Intervening in a dispute between clients in a care setting	Constant support required	Occasional support required	Support required less frequently	
Return to Society	7	Assistance when a change is made to the support program requiring a transfer to a different facility (including a medical institution)	All-round support required	Partial support required	Little need for support	
⊚ S	8	Coordination with the family to prepare for returning home	All-round support required	Partial support required	Little need for support	
	2	Mental care for and consultation with the family	Constant support required	Occasional support required	Support required less frequently	
Support	3	Introduction to and use of family associations and seminars	Constant support required	Occasional support required	Support required less frequently	
Sup.	4	Provision of information about systems and social resources	All-round support required	Partial support required	Little need for support	
Family	5	Coordination of the use of systems and social resources	All-round support required	Partial support required	Little need for support	
(e)	6	Day service	Daily support required	Occasional support required	Support required less frequently	
:	7	Respite care	Daily support required	Occasional support required	Support required less frequently	
Othe	er l	tems (Please circle an item that is require	ed.) 】			
Chec	ck d	on the progress of work Check on the progress	gress of school work	Check on job-se	eeking activities	
Check on living conditions Check on the use of day-care facilities Check on the progress of training						

Check on the use of day care and respite care, etc.

Coordination with the workplace

Provision of information to and coordination with school

Assistance with role performance at home

Response to social behavioral disorders

Improvement of emotional control

Establishment of daily rhythms Promotion of recognition of disabilities

Discussion of future direction

~ 11	1	
Other	(

Special Instructions

(Please specify the kind of support that the client requires and the key points that should be taken into account. Please state if the information on the case card needs to be changed.)

\mathbf{F}_{i}	01	m	1	4-	1

፠ For s	upport	base	organization	use	only
No.					

Support for Return to Society, Livelihood Support and Care Support Program Document (New / Continued

th time)

Name:	Higher Brain Dysfunctions Support Coordinator:
Support Pro	gram Formulation Committee
	Date of Meeting: (day of the week) (date) (month) (year) : ~ : Attendee:
Facility Curr	rently Used:
Goal of and	Period for Support Program:
Content of Support Program:	Employment Support School Attendance Support Sheltered Workshop Support Small-Scale Workshop, etc. Support Employment and School Attendance Preparation Support Home Assistance Daily Living Training at a Facility Daily Living Support at a Facilit

Support Item	Goal of Support	Content of Support Program	Supporting Facility, Support Officer, Frequency, etc.

	base organization use only
No.	

$\underline{Support\ for\ Return\ to\ Society, Livelihood\ Support\ and\ Care\ Support\ Program\ Document\ (Completion)}$

Name:	WALLEST TO SERVICE VO. HISTORY	riighei Biain Dysiunchons Support Cool	diffator.	
Date	Formulation Committee of Meeting: (day of ndee:	the week) (date) (month) (year) :	~ :	
Facility Currently	Used:			
Goal of and Period	for Support Program:			
	loyment Support Sokshop, etc. Support 7 Living Training at a F	chool Attendance Support Sheltered Worl Employment and School Attendance Prepara acility Daily Living Support at a Facility		
Support Item	Goal of Support	Content of Support Program	Supporting Facility, Support O Frequency, etc.	fficer,
		·		
Conclusion				

Form	5

orm 5							
		Hig	her Brain D	ysfunctions Sup	port Program	Notification For	m
							No.
							(Date) (Month) (Yea
		(Ci	ty/Ward/To	wn/Village)			
Dear	Sirs/Ma	ıdame					
2000	5110/1110						(Sea
						- 	
his notifica	tion is	to inforn	n you of th	e support progra	am which has	been developed	specifically to supply t
,		_		we applied for.			
'you have a	iny ques	tions, ple	ease feel fre	e to contact the	support office	r below.	
Name of t	the ners	on to					
receive su							
Goal of S	upport		:				
Starting E	Date of S	Support	(Date) (M	Ionth) (Year)			
Scheduled period	d suppor	rt	About	months			
period	Suppo	ort Item	-	Content of	Support		porting facility, support nd frequency of support, etc.
							CiC.
Support Program							
P30-1-1		9					
Support B Organizati							
Support S		Name Addres	s of the org	anization the su	pport staff bel	ongs to	
Cooperation Facility	ng						

Form 6

Higher Brain Dysfunction Support Program Completion Report

	No.
	(Date) (Month) (Year)
	(City/Ward/Town/Village)
Dear Sirs/Madar	ms,
	Seal
This notification is	to inform you that the higher brain dysfunction support program has been
completed for the fol	lowing reasons.
If further support is re	equired, please contact the support staff listed below.
Name of the person	
who has received support	
Date of termination	
of support	(Date) (Month) (Year)
Reason for	
completion (Result	
of Support)	
Future Direction	
	,
Remarks	
Support Base	
Organization	NT
Support Staff	Name Address of the organization the support staff belongs to
11	TEL: FAX:
Cooperating Facility	
гасину	

V. 支援拠点機関一覧

高次脳機能障害普及事業支援拠点機関一覧(都道府県分)

(平成22年4月1日現在)

		(平成22年4月1日現在)	
都道府県名	支援拠点機関	住所	電話番号
全国拠点セ ンター	国立障害者リハビリテーションセンター	埼玉県所沢市並木4-1	04-2995-3100
北海道	北海道大学医学部附属病院	札幌市北区北14条西5丁目	011-716-1161
青森県	財団法人黎明郷リハビリテーション病院	平川市破ヶ関湯向川添30番地	0172-45-2231
岩手県	いわてリハビリテーションセンター	岩手郡雫石町七ツ森 16番地243	019-692-5800
宮城県	宮城県リハビリテーション支援センター	仙台市若林区南小泉4-3-1	022-286-4394
白 %	東北厚生年金病院	仙台市宮城野区福室1-12-1	022-259-1221
秋田県	秋田県立病院機構リハビリテーション・精神医 療センター	大仙市協和上淀川字五百刈田 352番地	018-892-3751
山形県	国立病院機構山形病院	山形市行才126番地の2	023-681-3394
福島県	総合南東北病院	福島県郡山市八山田7丁目115	024-934-5322
茨城県	茨城県立リハビリテーションセンター	茨城県笠間市鯉渕6528-2	0296-77-0626
栃木県	とちぎリハビリテーションセンター	宇都宮市駒生町3337-1	028-623-6114
埼玉県	埼玉県総合リハビリテーションセンター	上尾市西貝塚148-1	048-781-2222
千葉県	千葉県千葉リハビリテーションセンター	千葉市緑区誉田町1-45-2	043-291-1831
一米水	旭神経内科リハビリテーション病院	千葉県松戸市栗ヶ沢789-10	047-385-5566
東京都	東京都心身障害者福祉センター	新宿区戸山3-17-2	03-3200-0077
神奈川県	神奈川県総合リハビリテーションセンター	厚木市七沢516	046-249-2602
新潟県	新潟県精神保健福祉センター	新潟市中央区上所2-2-3	025-365-0177
山梨県	甲州リハビリテーション病院	笛吹市石和町四日市場2031	055-262-8181
	長野県立総合リハヒ゛リテーションセンター	長野市下駒沢618-1	026-296-3953
長野県	佐久総合病院	長野県佐久市臼田197	0267-82-3131
火 判'乐	相澤病院	長野県松本市本庄2-5-1	0263-33-8600

	健和会病院	長野県飯田市鼎中平1936	0265-23-3116
富山県	富山県高志リハビリテーション病院	富山市下飯野36	076-438-2233
石川県	石川県リハビリテーションセンター	金沢市赤土町二13-1	076-266-2860
福井県	福井総合病院	福井県福井市新田塚1-42-1	0776-21-1300
	社会福祉法人共生会相談支援センター きさらぎ	沼津市石川828-3	055-967-5952
	社会福祉法人富士厚生会 障害者生活支援センター くぬぎの里	富士市大渕14282-1	0545-35-5589
松四旧	特定非営利活動法人 清水障害者サポートセンター そら	静岡市清水区木の下町96	054-344-1515
静岡県	社会福祉法人高風会 暁	焼津市八楠1653-1	054-620-9202
	社会福祉法人みどりの樹 ぽるた	浜松市浜北区沼265-6	053-584-6307
	特定非営利活動法人 高次脳機能障害サポートネットしずおか	焼津市上泉707-57	054-622-7405
愛知県	名古屋市総合リハビリテーションセンター	名古屋市瑞穂区弥富町字密柑山 1-2	052-835-3811
	岐阜県精神保健福祉センター	岐阜市下奈良2-2-1	058-273-1111
岐阜県	木沢記念病院	美濃加茂市古井町下古井590	0574-25-2181
三重県	三重県身体障害者総合福祉センター	津市一身田大古曽670-2	059-231-0155
滋賀県	身体障害者更生施設「滋賀県立むれやま荘」	草津市笠山8-5-130	077-565-0294
京都府	京都府リハビリテーション支援センター	京都市上京区河原町通 広小路上る梶井町465	075-221-2611
大阪府	障害者医療・リハビリテーションセンター	大阪市住吉区大領3-2-36	06-6692-3921
兵庫県	兵庫県立総合リハビリテーションセンター	神戸市西区曙町1070	078-927-2727
奈良県	奈良県総合リハビリテーションセンター	磯城郡田原本町大字多722番地	0744-32-0200
和歌山県	和歌山県子ども・障害者相談センター内	和歌山市毛見1437番地の218	073-441-7070
鳥取県	鳥取大学医学部附属病院	米子市西町36-1	0859-33-1111
島根県	島根県心と体の相談センター	松江市東津田町1741-3	0852-21-2885
[TI], [, . E	川崎医科大学医学部附属病院	倉敷市松島577	086-462-1111
岡山県	社会福祉法人 旭川荘	岡山市平田407	086-245-7361