

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

- 1 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)

Higher Brain Dysfunction Support Application Form

※For support base organization use only
No. _____

I am applying for Higher Brain Dysfunction Support as follows.

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

APPLICANT	Name		Date of Birth	(Date) (Month) (Year) (Date) (Month) (Year) (Age:)
	Present Address	〒	Sex	Male · Female
			TEL :	— —
			FAX :	— —
Physical Disability Certificate Number ()		Intellectual Disability Certificate Number ()	Mental Health Welfare Certificate Number ()	
Please state your problems and the type of support that you require. (Please be as specific as possible.)				

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:

SUBMITTER	Name		Agent / Representative (Circle one of the two.)	
	Address	〒	Relationship with the applicant:	
			TEL:	— —
			FAX:	— —

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

Name	Date of birth Year Month Date (Age:)	Sex	Male/Female
		Post Code	
Current address	TEL: - - - FAX: - - -		
Emergency contact	Name	Relationship ()	
	Address Post code		
	TEL: - - - FAX: - - -		
Attending physician	Hospital	Department	Physician
Diagnostic / Disorder name			
Certificate(s)	Physical disability certificate	Yes (Type Grade)	No Applying
	Mental disability certificate	Yes (Grade)	No Applying
	Intellectual disability certificate	Yes ()	No Applying
Current Center/ Service(s)	(Center class, center name, center contact address, person in charge, etc.)		
Use of social system	Support benefit	Yes ()	No Claiming
	Long-term care insurance	Yes ()	No Claiming
	Others	()	
Health insurance	National health insurance	Social insurance	Mutual aid insurance Public Assistance benefit Others ()
Disability benefits	Self-support	Nourishment	Severely disabled Others ()
Higher Brain Dysfunction	Memory problem Attention problem Executive dysfunction Unilateral spatial neglect Social behavioral disorders [Decreased willingness/spontaneity Decreased emotional control Difficulty with interpersonal relationships Perseveration Others ()		
Physical complication(s)	Paralysis (Panplegia/Right hemiplegia/Left hemiplegia) Ataxia Aphasia Others ()		
Function data	HDS-R (/30)	Barthel index (/100)	
	TMIG index of competence (/13)	Disturbance scale (/8)	
Shifting means	Walk independently Walk under observation Walk with support Independent with wheelchair Support with wheelchair Equipment ()		

Form 2

Date of injury/onset	Year	Month	Day
Medical history			
Progress of current treatment			
[Medical caution(s)]			
History of centers	Year	Month	
	Year	Month	
	Year	Month	
Progress of training/support			
[Caution(s) regarding support]			
Life history (including education and employment)			
Study/work status before onset	Office worker Housewife/husband	Civil-service worker On leave	Part-timer Unemployed
			Self-employed Others ()
Financial status	Family structure chart		
Family status			
Remarks			

Filled in on: Year Month Day

<p>Outcome (to be filled in at the end of support)</p> <p>Employment assistance Education assistance Assistance at vocational aid center Assistance at small workshop Assistance for pre-employment/education Assistance at home Assistance for daily living training at centers Assistance for daily living at centers</p> <p>[Specify]</p>

* 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 / Female)	Age:	
Accommodation Status:	Hospitalized	Lives at a facility	Lives at home
Family Status:	[Support & Understanding] Available	Not Available	
	[Key Person]		
Relationships with people other than family:	Good	Not Good	

Important Note

This determination form is **used to determine the type of support required by persons with higher brain dysfunctions.**

This document must be filled out by a **person who is not a member of the family and who mainly provides support to the client.** The said person shall **evaluate the type of support currently required by the client,** based on the actual conditions of the client and his/her family. The said person is to circle **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)".

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.

Evaluation Item		Need		No Need (Little Need)	
		Great Need	Moderate Need		
① Physical Nursing Care	1	Assistance with personal hygiene such as face washing, brushing teeth and applying makeup	All-round support required	Partial support required	Little need for support
	2	Ambulation assistance	All-round support required	Partial support required	Little need for support
	3	Meal preparation and tidying up after meals	All-round support required	Partial support required	Little need for support
	4	Monitoring and observation while bathing	Constant support required	Occasional support required	Support required less frequently
	1	Assistance with money and account management	All-round support required	Partial support required	Little need for support
	2	Assistance with outings, use of transportation and recreational facilities	All-round support required	Partial support required	Little need for support
	3	Assistance with dressing to suit the time and place	All-round support required	Partial support required	Little need for support
	4	Assistance with clothes, personal belongings, keeping the room in good order	Constant support required	Occasional support required	Support required less frequently
	5	Assistance with outings and shopping	Constant support required	Occasional support required	Support required less frequently
	6	Assistance relating to unexpected behavior such as impulsive movements and hyperkinesis	Constant support required	Occasional support required	Support required less frequently
	7	Assistance responding to perseveration	Daily support required	Occasional support required	Support required less frequently
	8	Assistance with independent activities and self-motivation in all aspects of life	Constant support required	Occasional support required	Support required less frequently
③ Health Management Support	1	Assistance with hospital visits	Constant support required	Occasional support required	Support required less frequently
	2	Drug administration (e.g. guidance, assistance and monitoring)	Daily support required	Occasional support required	Support required less frequently
	3	Medical procedures regarding illness and injury, etc.	Constant support required	Occasional support required	Support required less frequently
	4	Assistance with understanding any diagnosis and explanation provided by doctors and nurses, etc.	All-round support required	Partial support required	Little need for support
	5	Assistance with health management (e.g. health checks/prevention of bed sores and obesity/appropriate exercise/excessive intake of alcohol, tobacco or coffee)	Daily support required	Occasional support required	Support required less frequently
④ Consultation Support	1	Consultation about anxiety and problems in daily life, etc.	Extensive support required	Occasional support required	Support required less frequently
	2	Guidance for the family when the client enters a facility. Liaison and coordination with the family	Constant support required	Occasional support required	Support required less frequently
	3	Liaison and coordination with the relevant organizations (e.g. welfare offices, local facilities, day-care institutions)	Constant support required	Occasional support required	Support required less frequently
⑤ Activity Participation Support	1	Assistance with events and activities taking place at the facility (planning of and participation in summer festivals/cultural festivals/athletic meetings)	All-round support required	Partial support required	Little need for support
	2	Assistance with participation in local community activities (e.g. community associations)	All-round support required	Partial support required	Little need for support
	3	Assistance with participation in recreational activities such as group activities and hobbies	All-round support required	Partial support required	Little need for support
	4	Assistance with participation in events taking place outside the facility, such as travel	All-round support required	Partial support required	Little need for support
	5	Assistance with exercising the right to vote during elections for public office, etc.	All-round support required	Partial support required	Little need for support
	6	Assistance with participation in activities undertaken by clients	All-round support required	Partial support required	Little need for support

Evaluation Item		Need		No Need (Little Need)	
		Great Need	Moderate Need		
⑥ Training and Work Support	1	Assistance with transportation/ambulation relating to training and work	All-round support required	Partial support required	Little need for support
	2	Assistance in building up motivation for training and work	All-round support required	Partial support required	Little need for 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 relating to training and work	All-round support required	Partial support required	Little need for support
	7	Disaster prevention training and guidance that takes disabilities into account	All-round support required	Partial support required	Little need for support
	8	Training and guidance for wheelchair operation and walking/behavior in daily life/self-catheterization, etc.	All-round support required	Partial support required	Little need for 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
	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
⑦ Communication Support	1	Communication training	All-round support required	Partial support required	Little need for support
	2	Preparation of special materials for information provision in due consideration of the client's disabilities	All-round support required	Partial support required	Little need for support
	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
	4	Assistance with handling telephone calls and fax messages	Constant support required	Occasional support required	Support required less frequently
⑧ Return to Society	1	Coordination of local support systems required for post-facility life	All-round support required	Partial support required	Little need for support
	2	Liaison and coordination with the relevant organizations	All-round support required	Partial support required	Little need for support
	3	Preparation and evaluation of employment support programs	All-round support required	Partial support required	Little need for support
	4	Assistance relating to on-the-job training and workplace	Constant support required	Occasional support required	Support required less frequently
	5	Assistance relating to the selection of an employer and coordination with the employer	All-round support required	Partial support required	Little need for support
	6	Follow-up activities after returning to society	Constant support required	Occasional support required	Support required less frequently
⑨ Family Support	1	Home helper service	Daily support required	Occasional support required	Support required less frequently

※For support 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 Program Formulation Committee
 Date of Meeting: (day of the week) (date) (month) (year) : ~ :
 Attendee: _____

Facility Currently 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 Program: Training at a Facility, Daily Living Support at a Facility

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

※ For support base organization use only
No. _____

Support for Return to Society, Livelihood Support and Care Support Program Document (Completion)

Name: _____ Higher Brain Dysfunctions Support Coordinator: _____

Support Program Formulation Committee Date of Meeting: (day of the week) (date) (month) (year) : ~ : Attendee:												
Facility Currently Used:												
Goal of and Period for Support Program:												
Content of Support Program: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Employment Support</td> <td style="border: none;">School Attendance Support</td> <td style="border: none;">Sheltered Workshop Support</td> <td style="border: none;">Small-Scale Support</td> </tr> <tr> <td style="border: none;">Workshop, etc. Support</td> <td style="border: none;">Employment and School Attendance Preparation Support</td> <td colspan="2" style="border: none;">Home Assistance</td> </tr> <tr> <td style="border: none;">Daily Living Training at a Facility</td> <td colspan="3" style="border: none;">Daily Living Support at a Facility</td> </tr> </table>	Employment Support	School Attendance Support	Sheltered Workshop Support	Small-Scale Support	Workshop, etc. Support	Employment and School Attendance Preparation Support	Home Assistance		Daily Living Training at a Facility	Daily Living Support at a Facility		
Employment Support	School Attendance Support	Sheltered Workshop Support	Small-Scale Support									
Workshop, etc. Support	Employment and School Attendance Preparation Support	Home Assistance										
Daily Living Training at a Facility	Daily Living Support at a Facility											

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

Conclusion	
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Higher Brain Dysfunctions Support Program Notification Form

No.

(Date) (Month) (Year)

_____ (City/Ward/Town/Village)

Dear Sirs/Madams, _____

_____ (Seal)

This notification is to inform you of the support program which has been developed specifically to supply the higher brain dysfunctions support you have applied for.

If you have any questions, please feel free to contact the support officer below.

Name of the person to receive support			
Goal of Support			
Starting Date of Support		(Date) (Month) (Year)	
Scheduled support period		About months	
Support Program	Support Item	Content of Support	Supporting facility, support staff and frequency of support, etc.

Support Base Organization	
Support Staff	Name Address of the organization the support staff belongs to TEL: — — FAX: — —
Cooperating Facility	

Higher Brain Dysfunction Support Program Completion Report

No. _____

(Date) (Month) (Year)

_____ (City/Ward/Town/Village)

Dear Sirs/Madams, _____

 _____ Seal

This notification is to inform you that the higher brain dysfunction support program has been completed for the following reasons.

If further support is required, 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	
Support Staff	Name Address of the organization the support staff belongs to TEL: — — FAX: — —
Cooperating Facility	

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）

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
	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	茨城県笠間市鯉淵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
	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	長野県立総合リハビリテーションセンター	長野市下駒沢618-1	026-296-3953
	佐久総合病院	長野県佐久市白田197	0267-82-3131
	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
静岡県	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	富士市大淵14282-1	0545-35-5589
	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
	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 ぼるた	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	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
	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	津市一身田大古曾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
岡山県	川崎医科大学医学部附属病院	倉敷市松島577	086-462-1111
	社会福祉法人 旭川荘	岡山市平田407	086-245-7361