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# **Supplementary or preventive social assistance application**

Social Services, Health Care and Rescue Services

Clear form

Date of reception (to be filled in by a city official)		
1. Applicant		
Last name		
First names (please underline the name nused)		
Personal identity code		
Phone number		
Address		
Postal code and city		
Email		
2. Family		
Name	Personal identity code	
3. Language interpretation		
I need an interpreter		
Yes No Interpreting language		
Interpreting method		





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4. What is the purpose of and basis for applying for supplementary or preventive social assistance?		
Your application for basic social assistance is pending at Kela Yes No		
You have a positive decision on basic social assistance from Kela Yes No		
You will receive basic social assistance for the following period:  Start date: End date:		
5. I want to discuss my situation with the social services personnel:		
Yes No		
The topic you wish to discuss:		
6. Date and signature		
I hereby certify that the information I have provided is correct, and that I will report any changes to the information during the period when the decision is in force. If social benefits are granted based on incorrect information, it may be reclaimed, and it may also result in legal measures (section 20 of the Act on Social Assistance).		
Place and date		
Signature and name in block letters		





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#### 7. Legal information

The social authority has technical access to Kela's benefit system and the tax authority's tax information, based on which the information provided by the client can be verified (section 64(1) of the Act on the Processing of Client Data in Social and Health Care (703/2023)).

Personal data are processed for the performance of official duties. Legal basis: Statutory obligation (Act on Social Assistance). The retention periods for personal data comply with the Act on the Processing of Client Data (703/2023) and the decision of the National Archives of Finland on 1 December 2014 (AL/20064/07.01.03.01/2014: Permanent retention of social care client documents and data). Personal data are collected from the client. The application cannot be processed without personal data. The data controller is the City of Helsinki's Social Services, Health Care and Rescue Services Committee. The tasks of the data controller have been delegated to the Head of the Social Services and Health Care Division (section 32 of the decision of the Social Services and Health Care Committee on 26 February 2019). Contact information: Social Services, Health Care and Rescue Services Division, Toinen linja 4 A, P.O. Box 6000, 00099 CITY OF HELSINKI. Clients have the right to obtain information from the City of Helsinki's Social Services, Health Care and Rescue Services Committee about the processing of their personal data.

Clients have the right to request access to their personal data from the data controller and the right to request the correction of that data. Clients do not have the right to request the deletion of personal data or the restriction of processing, or to object to the processing to the extent that the personal data are processed to fulfil the statutory obligation of the data controller. Personal data will be not used for automated decision-making. Personal data are not public and will not be disclosed to third parties. Personal data will not be transferred outside the EU or EEA. Clients have the right to file a complaint with the supervisory authority if they believe the processing of their personal data violates data protection regulations. More information about the rights of the data subject: <a href="https://www.hel.fi/en/decision-making/information-on-helsinki/data-protection-and-information-management/data-protection/rights-of-data-subjects-and-exercising-these-rights">https://www.hel.fi/en/data-protection-and-information-management/data-protection/rights-of-data-subjects-and-exercising-these-rights</a>

The authority can deliver documents electronically. If the client does not consent to electronic communication, the documents will be delivered to the client in paper form. Regardless of the method of delivery, social services client documents are also available to the client in MyKanta.

Under section 18 of the Act on Electronic Services and Communication in the Public Sector, documents that by law must be delivered by post with acknowledgment of receipt or otherwise demonstrably can also be delivered as an electronic message with the consent of the party concerned. According to section 19 of the mentioned act, other documents can also be delivered as an electronic message to the client with their consent

If you have access to the Maisa customer portal and consent to electronic communication of documents, you will receive the decision on your application through Maisa.

I consent to the electronic communication of documents: Yes No



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#### 8. Notification of bank account number

This notification must be made to the social services unit whenever an applicant becomes a client, or when the applicant changes the bank account to which social assistance or other similar benefits granted by the social services are paid. The applicant must submit the notification in person and at the same time prove their identity. You can leave this section blank if the social services already knows your bank details and they have not changed.

This is a notification of a new bank account number

This is a notification of a changed bank account

Applicant (Please first indicate the bank account to which social assistance or another benefit will be paid.)		
Applicant's last name and first names	Personal identity code	
IBAN bank account number (Finnish)	BIC code (Finnish)	
Another person with access (e.g., partner or caretaker)		
Name of another person who has access to the bank account	Personal identity code	
IBAN bank account number (Finnish)	BIC code (Finnish)	
Confirmation, date and signatures		
I confirm that my family do not have access to any other bank accounts.		
Place and date		
Applicant's signature and name in block letters		
Verification of identity		
Proof of identity		
driver's licence passport ID Kela photocard anoth	ner, please specify	
Place and date		
Signature and name in block letters of the recipient of the application (city official)		
Date of saving of the bank account and name of the person who saved it		