

Clear form

Application return address
Date of arrival

**Mobility support/transport service and informal care support must be applied for using separate application forms. The forms are available at: [Helsinki City's website for disability services, Forms and documents for disability services.](#)**

### Applicant's contact details

Applicant's name
Personal identity code
Occupation
Address
Postal code and city
Phone number
Email
Preferred language for communication
Is an interpreter necessary?      Yes                  No
Applicant's impairment or illness

**More information on disability services and how to apply for them is available at: [Helsinki City's website for disability services, Applying for disability services.](#)**

### 2. Requested service (please select)

Apartment modifications and devices and equipment included in an apartment
A device, machine or piece of equipment needed in daily activities, please specify
Personal assistance (See section 2.1)
Work or day activities (under the age of 65)
Service housing/housing services

Adjustment training (such as guidance of orientation and mobility, trial periods of independent living)
Financial support for clothing
Support person
Special care programme
Temporary care
Day care for rehabilitation (requires a valid special care programme)
Afternoon and holiday care for schoolchildren in grades 3–10 (requires a valid special care programme)
Other, please specify
What do you need help with because of an impairment or illness? (e.g. getting around, daily activities, housework, running errands, communication, social skills)

<b>What kind assistance or services are you currently receiving and from whom?</b>	
Home care (number of hours per week)	
Relatives, friends, neighbours	
Other, please specify	
Description of the assistance you receive	
Do you receive any insurance-based compensation, service or support because of your impairment or illness?	
Yes	No
Accident at work	Insurance company and number:
Traffic accident	Insurance company and number:
Support from the Social Insurance Institution of Finland Kela, please specify	

Other, please specify

How would the service you are applying for help you in coping on your own? Please describe in your own words.

If necessary, you can continue on a separate sheet of paper.

- Attachments**
- Up-to-date medical certificate/patient record (less than one year old)
  - Therapist's statement
  - Other, please specify

**2.1 Personal assistance (complete this section only if you are applying for personal assistance)**

Your estimate of the type and volume of personal assistance needed/please indicate as hours per week.

\* For the assessment of the personal assistance needed, use the [weekly calendar form](#) and return it as an attachment to this disability service application form.

You can find the calendar at [Helsinki City's website for disability services, Forms and documents for disability services](#).

Getting dressed /
Taking care of personal hygiene /
Food and laundry /
Housekeeping /
Shopping /
Running other errands /
Participation in the daily activities of a child in care /

Working or studying /
Something else, please specify /
Hobbies, social inclusion or leisure activities /
How much personal assistance per week are you applying for?

**3. Consent**

I consent to the acquisition of information necessary for the handling of the matter from other authorities.
I do not consent to the acquisition of information necessary for the handling of the matter from other authorities.
Date
Applicant's signature and name in block letters

**4. Other contact details**

Name and address of a person acting on behalf of the applicant			
<table border="0"> <tr> <td>Parent</td> <td>Guardian</td> <td>Caretaker</td> </tr> </table>	Parent	Guardian	Caretaker
Parent	Guardian	Caretaker	
Other, please specify			
Phone number			
Email			
Person who assisted the applicant in completing the application if not the same as the person acting on behalf of the applicant. Name and phone number.			
Official position or relationship with the customer			

Your customer data will be entered in the customer information system of the Social Services, Health Care and Rescue Services Division. The system's data protection notice is available for viewing at the customer service offices.

Submit the application to a location in your residential area. You can find the contact details at [Helsinki City's website for disability services, Social work.](#)