

Application return address
Date of arrival

Separate application forms are required for mobility support/transport service and informal care support. You can find the forms at [Forms and documents for disability services](#).

1. Applicant's details

Applicant's name
Personal identity code
Occupation
Address
Postal code and city
Telephone 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:
[Applying for disability services](#).

1.1 Guardians' contact details (only if the customer is under 18)

Name of parent/guardian
Address (if not the same as the child's)
Parent/guardian's signature
Name of parent/guardian
Address (if not the same as the child's)
Parent/guardian's signature

2. Requested service (please select)

Support for accessible housing: Apartment modifications Devices and equipment included in the apartment
Personal assistance (See section 2.1) Special support for inclusion, in what?
Day activities Work activities for persons with a developmental/intellectual disability
Housing support based on disability related needs? Housing support for a person with a disability Housing support for a child with a disability
Adjustment training (such as guidance of orientation and mobility, trial periods of independent living) Please note! Applications for communication training are done with a separate form
Multiprofessional support for demanding communicative and/or behavioral challenges

Short-term care:

Daytime activities for disabled children during school vacation

Temporary care

Economic support for persons permanently dependent on breathing apparatus

Another, please specify

What kind assistance or services are you currently receiving and from whom?

Home care (number of hours per week)

Relatives, friends, neighbours

Another, 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 policy number:

Traffic accident Insurance company and policy number:

Support from the Social Insurance Institution of Finland Kela, please specify

What do you need assistance with due to an impairment or illness? (e.g. getting around, daily activities, housework, running errands, communication, social skills)

Another, 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

Current medical certificate/patient record (less than one year old, required if this is your first application for services)

Therapist's statement

Another, 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 as hours per week.

* For the assessment of the personal assistance needed, use the [weeklycalendar form](#) and submit it as an attachment of this disability service application form.

You can find the calendar form at [Forms and documents for disability services](#).

Getting dressed /

Personal hygiene /

Food and laundry /

Housekeeping /

Shopping /

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

Parent

Guardian

Trustee/public guardian

Another, please specify

Telephone 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 data will be entered in the client information system of the Social Services, Health Care and Rescue Services Division. The system's data protection notice is available at the customer service offices and online at hel.fi/rekisteriseloste.

Submit the application to a location in your residential area. You can find the contact details of the service points at hel.fi/social-work-for-people-with-disabilities.