



**MUNICIPAL SUPPLEMENT FOR ADOPTED
CHILDREN, APPLICATION**

Confidential in accordance with section 24 of the Act on the Openness
of Government Activities

Arrived _____

APPLICANT'S INFORMATION	Mother, father or other guardian primarily caring for the child		Personal identity code
	Address		
	Postal code and city		Municipality of permanent residence
	Telephone (home, work)		E-mail address
OTHER INFORMATION	Decision on home care allowance for the period: -		
	Decision on parental allowance for the period: -		
	Attach copies of Kela's decisions on home care allowance and parental allowance, as well as a tax card for the benefit, which must be ordered separately every year.		
	Bank name	Account number in IBAN format	
CHILD'S INFORMATION	Name		Personal identity code
APPLICANT'S SIGNATURE	I hereby declare that the information provided in this application is correct and I consent to the verification of this information. I agree to inform the municipality of any changes to or the discontinuation of the home care allowance, as well as any other changes that affect the Helsinki supplement for adopted children.		
	Date	Applicant's signature and name in block letters	

Please submit the application to the City of Helsinki Registrar's Office at the address:

City of Helsinki Registrar's Office
Education Division
PO Box 10, 00099 City of Helsinki