



Support person allowance and reimbursement of expenses in disability services

Social Services, Health Care and Rescue Services Division

Clear form

Client

Name
Date of birth

Support person

Name
Personal identity code
Address
Phone number
Email
Account number in IBAN format

Designated worker in disability services

Name

Summary of activities (In an attachment, where necessary)

Date and time	Hours done	Description of activities	I apply for a remuneration of expenses. The remuneration of expenses is EUR 10/time if support person activities have caused costs.

Total



Support person allowance and reimbursement of expenses in disability services Page 2 (2)

Social Services, Health Care and
Rescue Services Division

Signature of the support person

Place and date
Signature and printed name

Allowance (filled in by the authority)

EUR/hour
Allowance period
EUR total

Approval of the allowance (filled in by the authority)

Account
Internal order
Acceptance inspector
Number inspector
Approval date
Signature of the approver

Submit the form to a location in your residential area. You can find the contact details at hel.fi/vammaissosiaalityo.