

Unit processing the application
Date of arrival

Depending on the social welfare service, the customer data is registered in service-specific registers such as the customer registers of services for people with disabilities and senior services. Data protection notices are available at the customer service offices and online at www.hel.fi/tietosuojaseloste.

If the person requiring care is under extended guardianship, the trustee's consent is required to apply for informal care support.

Once the application has been received by the processing unit, you will be contacted within seven working days to arrange an informal care support assessment visit. Processing of the application for informal care support will start at the beginning of the month in which the application was received.

1 Person to be cared for and their contact details

Last name and first names
Personal identity code
Municipality of residence
Address and postal code
Tel.
Nationality
Validity of any residence permit Fixed-term until ____ / ____ 20____ Permanent

Diagnoses of the person to be cared for

Diagnoses or limitations that most affect the person's health and functional capacity.
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2 Person applying for the status of informal caregiver and their contact details

Last name and first names
Personal identity code
Address (if not the same as for the person to be cared for)
Tel.
Bank and IBAN account number
Nationality
Validity of any residence permit Fixed-term until ____ / ____ 20____ Permanent
Applicant's relationship with the person to be cared for Spouse Child Parent Guardian Other, please specify:

3 Contact details and signatures of guardians

Complete this section only if the person to be cared for is under 18 years of age

If the person under the age of 18 has two guardians, the details of both guardians must be given.
Name of parent/guardian (if not the same as in Section 2)
Personal identity code
Address (if not the same as the child's)
Tel.
Guardian's signature
Name of parent/guardian
Personal identity code
Address (if not the same as the child's)
Tel.
Second guardian's signature

4 Need for an interpreter

Does the informal caregiver or the person to be cared for need an interpreter when dealing with the authorities?

No Yes, please specify language:

5 Aid and benefits

Does the care recipient receive any care allowance or disability benefit from the Social Insurance Institution of Finland (Kela)?

No Yes

Does the person applying to become the informal caregiver receive any special care allowance from the Social Insurance Institution of Finland (Kela)?

No Yes

6 Other persons being cared for

Does the person applying to become the informal caregiver act as the contractual caregiver for any other persons?

No Yes, please specify for how many persons:

7 Consent of the person receiving care for the disclosure of information from healthcare and social welfare to social welfare (Act on the Processing of Client Data in Healthcare and Social Welfare, sections 53 and 55)

I (the person to be cared for) consent to the provision and acquisition of information required to process this informal care support application from other social welfare, health care and rescue services authorities and service providers for the determination, organisation and implementation of the need for informal care support services. The health care information includes diagnoses, medication, and information from primary and specialised health care. I have the right to withdraw my consent by notifying the informal care support services.

I agree

I do not agree

Place

Date

If the consent to obtain the required necessary information is not given, the matter will be processed on the basis of existing information. In such a case, it is possible that a negative decision will be issued on the grounds of insufficient information.

An up-to-date (less than one year old) medical certificate that adequately describes the situation and specifies the diagnosis, current state of health and functional capacity of the person to be cared for must be attached to the application.

8 Signatures

We hereby certify the information provided as correct.
Person applying to become the informal caregiver
Person to be cared for

9 Person who assisted in the completion of the application

Name
Official position or relationship with the person to be cared for
Tel.