

Return address
Date of arrival

1. APPLIED SERVICE

<p>Transport service pursuant to the Disability Services Act</p> <p>The transport service granted pursuant to the Disability Services Act is intended for severely disabled persons who, due to mobility issues, cannot use public transport without unreasonable difficulties. In addition to the impairment, the applicant's living environment, life situation and daily activity conditions will be considered.</p>	<p>Mobility support pursuant to the Social Welfare Act</p> <p>The mobility support granted pursuant to the Social Welfare Act is a transport service and part of the support for independent living. It is intended primarily for elderly people whose deteriorated mobility prevents them from using public transport on their own or with an assistant. The amount of the support depends on the applicant's income and other assets.</p>
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2. PERSONAL DETAILS

Last name and first names	
Personal identity code	Occupation
Address	
Postal code	Phone number(s)
Email	
Family relations single cohabitation married other; please specify	
Name and contact details of guardian or caretaker	
Domicile under the Population Data Act	
Preferred language for communication Finnish Swedish other; please specify	

If you are applying for transport service in accordance with the Disability Services Act, please complete the following section:

<p>I am applying for transport service for the following reasons:</p> <ul style="list-style-type: none"> Business and leisure trips Trips to and from place of work; complete Section 5 as well. Trips to and from place of study; complete Section 6 as well.
<p>For what kind of trips do you need the transport service?</p>

3. INFORMATION ON IMPAIRMENT AND ILLNESS

Impairment or illness	
Mobility aids you use	
a wheelchair, folding	an oxygen concentrator/a breathing apparatus/ oxygen bottles
a wheelchair, non-folding	crutches/a cane
an extra wide wheelchair	an electric moped
a motorised electric wheelchair	
a walker, folding	no aids in use
a walker, non-folding	other; please specify

4. INFORMATION ON LIVING CONDITIONS AND MOBILITY

Type of housing			
a block of flats, please specify the floor	floor		
a terraced house	a detached house		
other; please specify			
Does your building have a lift with sufficient space?	yes no		
More information on housing (e.g. any stairs that impair mobility)			
Location of the home in terms of services and transport connections			
Distance to closest public transport stop	meters		
Distance to the closest grocery store	meters		
Which of the following means of transport do you use?			
public transport	own car	other private vehicle	taxi
other; please specify			
How often do you use public transport?			
times per week	times per month		
I cannot use public transport because			
When was the last time you used public transport?			
Do you need assistance from another person/the driver to get into a car?			
Yes	No	Sometimes; why?	

Do you live alone? yes no; with whom?	
Do you need assistance with your daily activities (e.g. housekeeping, washing, getting dressed and undressed)? yes no sometimes; when?	
What kind of tasks do you need assistance with?	Who provides the assistance?
Do you need assistance when running errands outside your home? yes no sometimes; when?	
Who provides the assistance?	
How do you move in your home?	
How do you cope with stairs?	
How do you move outdoors?	
How far can you move outside...	
...with the help of mobility aids?	...without mobility aids?
In summer metres	In summer metres
In winter metres	In winter metres

5. GAINFUL EMPLOYMENT (please complete this section if you are applying for aid for commuting)

I work for someone else	I am self-employed
Employer	
Address of the workplace(s)	
Other possible places of work	
Number of working days per month	Daily working time in hours
Do you receive aid for your commute elsewhere? no Yes; from where?	

6. STUDIES (please complete this section if you are applying for aid for trips to and from your place of study)

Name of the educational institution	
Address of the educational institution	
Does your place of study change during the day so that you would need the transport service for the transition? yes no	
Starting date of studies	Ending date of studies in the current academic year
Number of study days per month	Estimated graduation date
Do you receive aid for your trips to and from your place of study from elsewhere? no yes from where?	

7. OTHER RELEVANT AIDS AND PARTIES PROVIDING SUCH AID

Have you been granted any car allowance? no yes; which year?
Have you received a car tax refund? no yes; which year?
Have you been granted/have you applied for any compensation from your insurance company (motor insurance, accident insurance, etc.)? no yes; insurance company's name
Have you investigated the possibility of obtaining compensation from your insurance company for the transport service? no yes I am not eligible to receive compensation from my insurance company

8. MORE INFORMATION

Enter here any information that is relevant to transport such as memory impairments, difficulty using an electric wheelchair to access a hoist, the use of an extra-wide wheelchair, any difficulty communicating or speaking, impaired hearing or impaired sight.

If necessary, you can continue on an additional sheet.

9. INFORMATION ON INCOME AND OTHER ASSETS

Persons applying for mobility support pursuant to the Social Welfare Act must fill in the income and asset report form (no. 303-452). The form is available from the location in your residential area providing social work for disabled people or from the City of Helsinki website. Bank statements for the accounts you use from the last month and a tax certificate on your last confirmed tax assessment (as well as one for your spouse/cohabiting partner) must be attached to the form.

Disabled veterans (degree of disability 10% or more) need not submit the information on their income and assets.

10. CONSENT

My application may be evaluated by the multidisciplinary disability working group consisting of local government officials from the Social Services and Health Care Division. Other public authorities are obliged to provide any information that is necessary for the processing of my application (section 20 of the Act on the Status and Rights of Social Welfare Clients).

I agree

I do not agree

If the transport service is granted, the party making the decision will hand over the information necessary to arrange the service to the Transport Service Centre.

The telephone number can be given to the driver arranging the transport

I agree

I do not agree

If you have a mobile phone, do you agree to receiving text messages on your transport services?

I agree

I do not agree

11. SIGNATURE

Place and date	Applicant's signature and name in block letters
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12. PERSON WHO ASSISTED IN THE COMPLETION OF THE APPLICATION

Name
Official position or relationship with the applicant
Phone number

13. ATTACHMENTS

A medical certificate on the need for transport support pursuant to the Disability Services Act.

Assistance for signing the form is available from the location in your residential area providing social work for disabled people.

An income and asset report (when applying for mobility support pursuant with the Social Welfare Act), form 303-452.

A certificate of studies or gainful employment when applying for aid for trips to and from your place of work or study as transport services pursuant to the Services and Assistance for the Disabled Act.

Your customer data will be entered in the customer information system. If you are granted the transport service and given a payment card as the means of payment, your data will be registered in the payment card system. The information is confidential. You have the right to check your data included in the customer register by submitting a signed request to the controller (sections 26 and 28 of the Personal Data Act).

More information on transport services and how to apply for them is available at

hel.fi/applying-for-disability-services

Submit the application to a location in your residential area. You can find the contact details at

hel.fi/social-work-for-people-with-disabilities