



Applicant information	Last name and given names	Personal identity code
	Address	Post code and city
	E-mail address	Telephone number
	Contact information of the close relative/guardian	
	Contact information of the guardian	
	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married/Cohabiting/In a registered partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
	Housing <input type="checkbox"/> I live alone <input type="checkbox"/> I live with my parents/relatives <input type="checkbox"/> I live in a housing unit <input type="checkbox"/> I live with _____	
Diagnoses and functional capacity	Diagnoses	
	Description of the restrictions caused by the disability or illness and of the applicant's need for support	
Required services and support measures	<input type="checkbox"/> Housing service _____ <input type="checkbox"/> Working or daily activities_ _____ days/week <input type="checkbox"/> Short-term care: <input type="checkbox"/> Koskikoti <input type="checkbox"/> Family care <input type="checkbox"/> Another place _____ Haettava määrä ja perustelut:	
	<input type="checkbox"/> Other service or support measure, please specify:	

Additional information	Additional information and reasoning in relation to the service or support measure requested	
Proposal for a family carer	Last name and given names	Telephone number
	Address	Post code and city
	E-mail address	
Applicant's consent and signature	<p>I consent to the employee requesting/acquiring information that is essential to the processing of my case from the registers of the City of Turku Welfare Division and Social and Healthcare Services</p> <ul style="list-style-type: none"> • from the register of services for the elderly • from the register of social services for families • from the customer register for social assistance • from the register of substance abuse services <p>and</p> <ul style="list-style-type: none"> • from the customer register of the City of Turku's Education Division's department of early childhood education • from special welfare districts • from the Social Insurance Institution of Finland • from the regional customer data register of the social and health services of Southwest Finland (Altti). • from insurance companies <p>Consent to the acquisition of data essential for processing the application:</p> <ul style="list-style-type: none"> • Other parties (employee adds if necessary) <p>This consent will be in effect for the duration of the processing of your case and provision of the service and will expire automatically after the service is concluded. If your data is needed after this, we will ask for your consent again. The requesting and acquisition of data will be recorded in the register of the services for the disabled. If we require data from other registers in order to process your application, we will ask you for your consent separately. The customer has the right to withdraw their consent at any stage of the processing of their case.</p> <p>Under section 20 of the Act on the Status and Rights of Social Welfare Clients, the municipal and state authorities as well as other public bodies, the social insurance institution, the centre for pensions and other pension institutions, insurance institutions, training organisers, social service providers, healthcare communities or units as well as healthcare personnel are obligated to disclose to a social welfare authority, upon their request and without charge and without being hindered by non-disclosure clauses, any information and clarifications in their possession which are relevant to the customer relationship and which, due to the duties laid out for the authority in legislation, are necessary in order to determine the customer's need for social welfare services, provide those services and implement related measures as well as to verify the information that has been provided to the authority.</p> <p><input type="checkbox"/> I consent <input type="checkbox"/> I do not consent</p> <p><input type="checkbox"/> The decision may be sent to the service provider if necessary.</p> <p>I am aware that my personal data will be registered in the register of the City of Turku's services for the disabled. Customers have the right to check the data concerning them in the customer register by presenting the data controller with a signed request (Personal Data Act sections 26 and 28)</p> <p>____ / ____ 20____</p> <p style="text-align: right;">_____ Signature of the applicant or his/her representative</p> <p style="text-align: right;">_____ Printed name</p>	
Appendices to the application	<input type="checkbox"/> Rehabilitation or service plan <input type="checkbox"/> Medical certificate <input type="checkbox"/> Other expert opinion	