



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:	

