



Arrived ___ / ___ 20__

Applicant information	Last name and given names	Personal identity code
	Occupation	
	Address	Telephone number
	Mobile	
	E-mail address	
	Domicile according to the Population Data Act	
	If the applicant does not live in the municipality where the service is applied for, why is the service requested from the municipality?	
	Address provided by the applicant that differs from the population register address above.	
Description of restrictions caused by the disability	Disability or illness	
	Restrictions caused by the disability or illness in everyday activities.	
	Assistive devices available to the applicant	
	From whom you receive help/care	
	Do you receive home help service/home care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	What other services and support do you receive?	

Return to: City of Turku/Services for the disabled

Street address
Peltolantie 3
FI-20720 Turku

Postal address
PO Box 670
FI-20101 Turku

Telephone number
+358 (0)2 330 000
(switchboard)

Email address
vammaispalvelut@turku.fi
firstname.lastname@turku.fi
www.turku.fi/en

Services requested from the disability service	Select one or more services <input type="checkbox"/> Service housing/accommodation services <input type="checkbox"/> Adaptation training <input type="checkbox"/> Interpreting activities related sign language teaching in adaptation training <input type="checkbox"/> Special costs due to disability (e.g. clothing or special nutrition) <input type="checkbox"/> Home modification and equipment and devices belonging to the dwelling <input type="checkbox"/> Personal assistance <input type="checkbox"/> Equipment, devices and machines required for daily operations <input type="checkbox"/> Day and work activities <input type="checkbox"/> Other, what?
	Specification of the requested service
	Estimated costs, if the cost of the requested service is known, in EUR
	Do you receive service or compensation for the same purpose from elsewhere? Where?
Bank information to which the payments related to the support or service are paid	Account number
Additional information	<input type="checkbox"/> I would like to book an appointment with a social worker/social instructor
Accuracy of the data	<input type="checkbox"/> I hereby confirm that the information I have provided is accurate and undertake to provide the information necessary for the decision to be taken and to inform you of any changes in my situation during the period of validity of the decision.
Appendices to be delivered by post	<input type="checkbox"/> Medical certificate* Cost estimate <input type="checkbox"/> A copy of the appointment of a guardian if you have been appointed a guardian. <input type="checkbox"/> Other, what? * Required when you are applying for the services for the disabled for the first time or when circumstances change.
Appendices	<p>Please note that your application will not be processed without adequate or provided explanations.</p> <input type="checkbox"/> Medical reports/or epicrisis <input type="checkbox"/> Physiotherapist's statement on necessary home modifications or home equipment and devices <input type="checkbox"/> Permission of the landlord/housing cooperative for home modifications/home equipment and devices in accordance with the rules of the housing cooperative <input type="checkbox"/> Statement by a rehabilitation counsellor when applying for modifications to lighting for visually impaired persons or an alarm centre for persons with impaired hearing

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 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 customer 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.</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> <input type="checkbox"/> I am aware that my personal data will be registered in the customer register of the City of Turku Welfare Division. </p> <p> ____ / ____ 20____ </p> <p> _____ Signature of the applicant or his/her representative </p> <p> _____ Printed name </p>
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