



Applicant information	Name	Personal identity
	Address	
	Post code and City	Telephone number
	Marital status <input type="checkbox"/> unmarried <input type="checkbox"/> married <input type="checkbox"/> cohabiting <input type="checkbox"/> widow <input type="checkbox"/> divorced	
Restrictions for mobility	Do you use special assistive <input type="checkbox"/> None <input type="checkbox"/> One crutch <input type="checkbox"/> Wheelchair (not foldable) <input type="checkbox"/> Stick/crutches <input type="checkbox"/> Other, please specify: _____	
Need for transport	I am able to travel by public transport <input type="checkbox"/> Alone <input type="checkbox"/> With an escort <input type="checkbox"/> I cannot use the bus One-way travel requirement _____ times per month Do you have a car in the family? <input type="checkbox"/> yes <input type="checkbox"/> no You drive a car? <input type="checkbox"/> yes <input type="checkbox"/> no Who drives the car? _____	
Income declaration	Applicant's gross monthly income <input type="checkbox"/> National pension _____ €/month <input type="checkbox"/> Care allowance _____ €/month <input type="checkbox"/> Other pension, which _____ €/month <input type="checkbox"/> Foreign pension _____ €/month	
Spouse	Name of spouse	Personal identity code
	Spouse's gross monthly income <input type="checkbox"/> National pension _____ €/month <input type="checkbox"/> Care allowance _____ €/month <input type="checkbox"/> Other pension, which _____ €/month <input type="checkbox"/> Foreign pension _____ €/month	
Gross income, total	_____ €/month	
Appendices	<input type="checkbox"/> Medical certificate <input type="checkbox"/> Income declaration	

<p>Applicant's consent and signature</p>	<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 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>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>_____ Signature of the applicant or his/her representative</p> <p>_____ Printed name</p>
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