



Services for the disabled

\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Date of arrival

<b>Applicant information</b>	Last name, given names		Personal identity code	
	Address			
	E-mail address		Telephone number	
	Persons living in the same household as the applicant			
	Contact information of the close relative/guardian			
	Contact information of the guardian			
<b>Requested trips</b>	How many one-way transport trips do you think you need per month?			
	Färdtjänst som ansöks			
	Trip to manage one's affairs and recreational trip		Additional information _____	
	_____			
	_____			
<input type="checkbox"/> Work trip		Workplace address _____		
<input type="checkbox"/> Mon-Fri		<input type="checkbox"/> Annan tid _____		
<input type="checkbox"/> Study trip		Address of educational institution _____		
Academic year start ____/____/20____		Academic year ends ____/____/20____		
<input type="checkbox"/> Mon-Fri		<input type="checkbox"/> Other time _____		
<b>Assistive devices for mobility</b>	<input type="checkbox"/> No assistive devices			
	Inside	Outdoor	Inside	Outdoor
	<input type="checkbox"/>	<input type="checkbox"/> Stick	<input type="checkbox"/>	<input type="checkbox"/> Wheelchair (foldable)
	<input type="checkbox"/>	<input type="checkbox"/> One crutch	<input type="checkbox"/>	<input type="checkbox"/> Wheelchair (not foldable)
	<input type="checkbox"/>	<input type="checkbox"/> Two crutches	<input type="checkbox"/>	<input type="checkbox"/> Electric wheelchair/electric moped
	<input type="checkbox"/>	<input type="checkbox"/> Rolling walker		
	<input type="checkbox"/>	<input type="checkbox"/> Other assistive device, _____		
<b>Moving outside home</b>	What kind of difficulties do you have in moving outside your home?			
	_____			
	_____			
	_____			
	How far (metres) from your apartment is the bus stop?			
Can you use public transport?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
		Why not? _____		
_____				
Can you use service buses operating in the city/municipality?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
		Why not? _____		
_____				

	<p>What means of transport have you used so far?</p> <hr/> <table border="1" data-bbox="331 152 1517 230"> <tr> <td data-bbox="331 152 919 230">           Do you have a car in your family  <input type="checkbox"/> Yes      <input type="checkbox"/> No         </td> <td data-bbox="919 152 1517 230">           You drive the car?  <input type="checkbox"/> Yes      <input type="checkbox"/> No         </td> </tr> </table> <p>Who drives the car?</p> <hr/> <p>Have you received a car tax refund/financial support for your car purchase?  <input type="checkbox"/> Yes      <input type="checkbox"/> No      In which year? _____</p>	Do you have a car in your family <input type="checkbox"/> Yes <input type="checkbox"/> No	You drive the car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car in your family <input type="checkbox"/> Yes <input type="checkbox"/> No	You drive the car? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Need for an escort</b>	<p><input type="checkbox"/> I don't need an escort.</p> <p><input type="checkbox"/> Yes, just for getting in and out of the car.</p> <p><input type="checkbox"/> Yes, I have to be picked up from my apartment. Why?</p> <p><input type="checkbox"/> Yes, for the entire duration of the trip.</p> <p>Who usually escorts you?</p>		
<b>Additional information</b>			
<b>Appendices to be delivered by post</b>	<p><input type="checkbox"/> Medical certificate or epicrisis</p> <p><input type="checkbox"/> Physiotherapist's statement</p> <p><input type="checkbox"/> Study certificate</p> <p><input type="checkbox"/> Employer's certificate</p> <p><input type="checkbox"/> Other, what? _____</p>		
<b>Signature and consent</b>	<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"> <li>• from the register of services for the elderly</li> <li>• from the register of social services for families</li> <li>• from the customer register for social assistance</li> <li>• from the register of substance abuse services</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>• from the Social Insurance Institution of Finland</li> <li>• from the regional customer data register of the social and health services of Southwest Finland (Altti).</li> <li>• from insurance companies</li> </ul> <p>Consent to the acquisition of data essential for processing the application:</p> <ul style="list-style-type: none"> <li>• Other parties (employee adds if necessary)</li> </ul> <p>Consent to the acquisition of data essential for processing the application:</p> <ul style="list-style-type: none"> <li>• Other parties (employee adds if necessary)</li> </ul> <p>This consent will be in effect for the duration of the processing of your case 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.</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.</p> <p>____ / ____ 20____                                      _____            Signature of the applicant or his/her representative</p>		