

Authorisation concerning Western Uusimaa Wellbeing Services County’s Disability Services

Client (person with a disability)

Name	Personal identity code
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Authorised person (person who is authorised to manage the client’s affairs)

Name	Personal identity code
Address	
Email address	Telephone number

The authorised person is allowed to act on my behalf in the following matters (including e-services):

Submit the client’s applications and related documents

Participate in meetings on the client’s behalf (in spite of the authorisation, the client must be present in person if it is necessary considering the issue)

Obtain information on the processing of an application

Obtain information on the content of decisions regarding disability services

Obtain information on the following matters:

Validity of authorisation

Fixed-term ____ ____ 20____ – ____ ____ 20 ____

Open-ended, as of ____ ____ 20____

Signatures

Client’s signature and name in block letters	Authorised person’s signature and name in block letters
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Recipient of authorisation

Recipient’s name	Place and date
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Cancellation of authorisation

In spite of the authorisation, the client can act on their own behalf at any time. The authorisation can be cancelled by informing Disability Services in writing, for example by checking the box below.

I wish to cancel the above-mentioned authorisation.

Cancellation will take effect on ____ ____ 20____

Client’s signature