Disability services application

Applicant

Last name	First names	Personal identity code
Telephone number	Email address	
Address	Postal code and city/town	
Service language and need for an interpreter		

Parent/guardian

Parent's/guardian's name	
Telephone number	Email address
Address	Postal code and city/town

Other contact person

Other contact person's name	
Telephone number	Email address
Address	Postal code and city/town

Service applied for

- ☐ Assessment of the need for services
- ☐ Other, please specify

Tell us briefly what kind of assistance or support you are applying for

For what period are you applying for the service?

Disability or illness

Diagnoses/other injuries or illnesses

Assistive devices

Background information

Housing (who you live with and how)
Daycare/school/studies/work
Are you currently receiving assistance/services? If you do, from where?

Functional ability and need for assistance

Describe your functional ability and need for assistance now (for example, communication, moving, social skills, daily activities, taking care of things, domestic work)
More information (continue on a separate sheet, if needed)

Appendices

For your application, please attach the most recent statement from a healthcare professional describing the status of your illness or disability.
This could be one of the following:

- a printout from the Kanta Services (for example, documentation from an appointment, epicrisis, or another type of statement)
- a note or statement from a healthcare professional (such as a physiotherapist, occupational therapist, or doctor).

Signature and name in block letters

Your personal data will be stored in the Disability Services' client register. Personal data are confidential and only disclosed on legal grounds or with your permission. On our website at www.luvn.fi/en/privacy-policy and at the Western Uusimaa Wellbeing Services County Disability Services, you can find a privacy policy that contains more detailed information about the processing of your personal data and your rights in relation to personal data.

I consent to the following: the Western Uusimaa Wellbeing Services County's Disability Services may obtain information required for granting and providing support for informal care and other disability services from other healthcare and social welfare authorities (and from the Education and Cultural Services, if the applicant is of school age) and provide information to those authorities in matters related to informal care. The consent can be withdrawn by sending a written cancellation to the postal address of Disability Services. The consent may only be withdrawn by the person who originally gave the consent.

☐ Yes ☐ No

I certify that the information I have provided is correct.

☐ Yes ☐ No

Place and date	
Signature and name in block letters	Signature and name in block letters of the person who helped fill in the application

Print form Reset form

Return address

The application is returned to the social work unit of the person’s municipality of residence. Please write the following on the envelope: “disability services application”.

Service unit	**Address**
Disability Services, Espoo, Kauniainen and Kirkkonummi	Kamreerintie 2 A, 02770 Espoo
Disability Services, Hanko and Raasepori	Raaseporintie 37 - R-talo (Torppa), 10650 Tammisaari
Disability Services, Lohja, Inkoo, Karkkila, Siuntio and Vihti	Tehtaankatu 26, 08100 Lohja

Go to start of form