Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

Transport service application

Personal information of the applicant

Last name	
First names	Personal ID code
Address	Postcode and city/town
Telephone	
Native language Finnish Swedish Other, please specify	
Need for an interpreter	
Do you have a guardian? Yes. Guardian's name and contact No	

Transport support for which you are applying

Errands and recreation trips Business trip Study trip

Right to a familiar taxi driver and to travel alone

I am applying for the right to a familiar taxi driver Yes, reasons:	I am applying for the right to travel alone Yes, reasons:

Impairment or illness

Impairment or illness causing the need for a transport service
Do you need any assistive equipment or other medical devices to move? Yes No
The assistive equipment you use Walking stick(s) Walker Wheelchair Oxygen concentrator/breathing apparatus Other, please specify

Personal car

Does your family have a car? Yes No
Are you able to drive yourself? Yes No

Have you received a car tax refund or other reimbursement for the purchase of a car? What kind?

Public transport

Do you use public transport?

Yes No, why?

If there is service transport or demand-responsive transport in your municipality, do you use it?

Yes No, why?

Location of your home in terms of services and transport connections

Distance to the nearest public transport stop metres Distance to the nearest shop metres

Other transport support

Do you receive or have you applied for any other transport support, what kind?

Kela Insurance company

Other, please specify

Attachments to the application

The following documents are attached to the application

Income statement, when applying for transport service pursuant to the Social Welfare Act

Declaration by a healthcare professional indicating the need for transport service support. This can be, for example, a recent epicrisis or a physiotherapist's/doctor's certificate (you do not need to obtain the documents specifically for the application) A study certificate if you are applying for support for study trips

Employer's certificate of employment and its continuation if you are applying for support for business trips

Power of attorney

Other, please specify

Additional information

Additional information

Signature

Your personal information will be stored in the client register of the Western Uusimaa Wellbeing Services County. All personal information is confidential and will be disclosed only for statutory reasons or with your permission. You can visit our website www.luvn.fi/tietosuojaselosteet or the social services of the Western Uusimaa Wellbeing Services County for a privacy policy, which explains in more detail the processing of your personal information and your rights in relation to it.

I consent to the provision/obtaining of information from other social and health care authorities, outpatient rehabilitation, physiotherapy services and occupational therapy services necessary for the processing of my transport support case. I have the right to withdraw my consent by informing the office. Yes No

Location and Date	Signature and printed name

Person who assisted you in completing the application

Person who assisted you in completing the application and their contact information

Return address

The application form should be returned to the Senior Info office in the municipality where you live. Please write the identifier “transport service application” on the envelope.

Location	**Address**
Espoo, Kirkkonummi and Kauniainen Senior Info	Karvasmäentie 6, 02740 Espoo
Vihti, Karkkila, Hanko, Inkoo, Lohja, Siuntio and Raasepori Senior Info	Vuorikatu 4, 10900 Hanko