Application for / review of support for informal care persons aged 18–64

Client

Last name (also former names)		First names
Personal identity code		Mother tongue
Address		Postal code and city/town
Telephone number	E-mail	Bank account

Issues affecting functional capacity

Medical conditions

Hearing

☐ Normal ☐ Impaired ☐ Deaf ☐ Hearing aid in use

Eyesight

☐ Normal ☐ Impaired ☐ Blind

Mobility

☐ Independent

☐ Assistive device(s), please specify

☐ Moves with assistance, please specify

☐ Confined to bed

Mental functional capacity (memory)

☐ Normal ☐ Impaired memory ☐ Loss of memory

☐ Otherwise impaired functional capacity, please specify

Tasks with which the client needs assistance

	Performs independently	Needs assistance, please specify
Cooking	☐	
Eating	☐	
Getting dressed and undressed	☐	
Personal hygiene (brushing teeth, shaving, etc.)	☐	

	Performs independently	Needs assistance, please specify
Washing (shower/bath)	☐	
Going to the toilet	☐	
Medication, taking medication	☐	
Housekeeping: laundry, cleaning, etc.	☐	
Running errands from home or outside the home	☐	

Amount of assistance provided by the carer

☐ Around the clock. If yes, the client needs assistance ☐ at night ☐ occasionally

☐ constantly; what kind of assistance?

☐ Daily

☐ Weekly. How many times a week?

Home care / disability services

☐ Home care; how often?

☐ Home care support services (grocery delivery, meal, security service)

☐ Day activities (times per week)

☐ Transport service (trips per month)

☐ Regular periods of care (weeks per month)

Kela benefits

☐ Care allowance for pensioners (EUR per month)

☐ No care allowance for pensioners

Carer

Last name (also former names)	First names
Personal identity code	Telephone number
Address	Postal code and city/town
Taxation municipality	
Carer's relation to the applicant ☐ Spouse/partner ☐ Child ☐ Other, please specify	
The carer is ☐ Retired ☐ Employed; hours of work per day ☐ Unemployed ☐ Other, please specify	

Temporary care

When the person applying to be the carer is temporarily prevented from caring for the client, how will the care be arranged?

☐ Client manages on their own ☐ Carer gets a substitute ☐ With the help of home care or other temporary assistance

☐ Temporary round-the-clock short-term care is needed

☐ In another way; please specify

Client's signature

Your personal data will be stored in the client register of Disability Services. Personal data is confidential and only disclosed on legal grounds or with your permission. On our website at https://www.luvn.fi/en/privacy-policy and at the Western Uusimaa 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 Disability Services may obtain information required for granting and providing support for informal care from other health care 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	Client's signature and name in block letters

Carer's signature

Your personal data will be stored in the client register of Disability Services. Personal data is confidential and only disclosed on legal grounds or with your permission. On our website at https://www.luvn.fi/en/privacy-policy and at the Western Uusimaa 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 Disability Services may obtain information required for granting and providing support for informal care from other health care 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	Carer's signature and name in block letters

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Return address

The application is returned to the social work unit of the person's municipality of residence.

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