

Application received date  
(to be completed by the Wellbeing Services County)

### Application for/review of support for informal care

This form can be used to apply for informal care support for care recipients aged 65 and older. Before informal care support can be granted, a service needs assessment will be conducted at the care recipient’s home. After the application is received, a professional from the Western Uusimaa Wellbeing Services County will reach out to you.

During the service needs assessment, we will confirm the consent of all parties involved in the informal care arrangement. If the care recipient is under extended guardianship, consent from their legal guardian is required to apply for informal care support.

#### Applicant (Person Receiving Care)

Last name (including previous last names)	First names
Personal identity code	Mother tongue
Address	Postal code and city/town
Telephone number	Email address

The Western Uusimaa Wellbeing Services County must collect the information and documentation necessary for granting and providing informal care support. Clients and their legal representative are required to provide the wellbeing services county with all information needed for the organisation of social care. (Act on the Status and Rights of Social Welfare Clients, 812/2000 Section 12).

State authorities, municipal authorities, wellbeing services county authorities, joint municipal authorities, other public law entities, Kela, the Finnish Centre for Pensions, the pension foundation and other pension institutions, insurance companies, educational institutions, social service providers, organisations and units providing health and medical care, as well as health care professionals are required to provide the wellbeing services county, upon its request and free of charge, with any information and reports—regardless of confidentiality regulations—that significantly affect the social service client relationship and that are needed for the wellbeing services county to do its statutory tasks and are such essential for assessing the client’s need for social services, organising and implementing these services, and verifying the information provided to the wellbeing services county. (Act Amending the Act on the Status and Rights of Social Welfare Clients, 603/2022, section 20).

#### Issues affecting functional capacity

Medical conditions				
Hearing <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Normal</td> <td style="width: 25%; text-align: center;">Impaired</td> <td style="width: 25%; text-align: center;">Deaf</td> <td style="width: 25%; text-align: center;">Uses hearing aid</td> </tr> </table>	Normal	Impaired	Deaf	Uses hearing aid
Normal	Impaired	Deaf	Uses hearing aid	
Eyesight <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Normal</td> <td style="width: 25%; text-align: center;">Impaired</td> <td style="width: 25%; text-align: center;">Blind</td> <td style="width: 25%; text-align: center;">Uses glasses</td> </tr> </table>	Normal	Impaired	Blind	Uses glasses
Normal	Impaired	Blind	Uses glasses	
Mobility Independent Assistive device(s), please specify Requires assistance Bedridden				
Memory and mental function <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Normal</td> <td style="width: 33%; text-align: center;">Impaired memory</td> <td style="width: 33%; text-align: center;">Memory loss</td> </tr> </table> Impaired mental functional capacity, please specify	Normal	Impaired memory	Memory loss	
Normal	Impaired memory	Memory loss		

### Assistance needs of the applicant

	Performs independently	Needs assistance, please specify
Cooking		
Eating		
Indoor mobility		
Getting dressed and undressed		
Daily hygiene (brushing teeth, shaving, etc.)		
Washing (shower/bath)		
Going to the toilet		
Medication, taking medication		
Managing illness		

Amount of assistance provided by the carer

Around the clock. If yes, the need for assistance at night is

occasional

toisfrequent, describe type of assistance

Daily assistance

### Other services and benefits

Home care, how often

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

Daytime activities (times per week)

Transport service (trips per month)

Regular short-term care (days per month)

Personal assistant (hours per month)

Other service, please specify

Care allowance for pensioners (€/month)

No care allowance for pensioners

Veteran badge

### Informal carer applicant information

Last name (including previous last names)		First names	
Personal identity code	Telephone number	IBAN account number	
Address		Postal code and city/town	
Municipality of residence	Email address	Service language	
Relationship to the applicant Spouse/Partner    Child    Other, please specify			
Employment status Retired    Employed (work hours per day)    Unemployed    Other, please specify			

### Other contact person

Legal guardian    Other contact person, please specify		
Last name		First name
Street address		
Postal code	City/town	Telephone number

### Applicant (care recipient) signature

Your personal data will be stored in the social services client register. Personal data is confidential and will only be disclosed in accordance with law or your consent. Our privacy policy, which offers detailed information about how we process your personal data and your rights concerning it, is available on our website at <a href="http://www.luvn.fi/en/privacy-policy">www.luvn.fi/en/privacy-policy</a> and at the Western Uusimaa Wellbeing Services County Senior Info unit.	
I certify that the information I have provided is correct.    Yes	
Location and date	Care recipient's signature and name in block letters

### Informal carer applicant signature

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I certify that the information I have provided is correct.    Yes	
Location and date	Care recipient's signature and name in block letters

### Attachments

If need be, you can provide further justifications or other information in your application. Please create a list of all annexed documents below: Annex 1 Annex 2 Annex 3
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### Return address

Please submit the application form to the care recipient's local Senior Info office. On the envelope, write **"informal care support."**

Location	Address
Espoo, Kirkkonummi ja Kauniainen	Seniori-info, Karvasmäentie 6, 02740 Espoo
Hanko, Inkoo, Karkkila, Lohja, Raasepori, Siuntio ja Vihti	Seniori-info, Vuorikatu 4, 10900 Hanko