

Personal data is processed in order for the authority to perform its tasks. Legal basis: Legal obligation. The personal data is stored according to the storage times in the Act on Social Care Client Documentation (254/2015). The body responsible for personal data is the Social Welfare Board. Clients have the right to receive information about the personal data that is processed. The personal information is not public and is not shared with third parties. For questions about the processing of personal data, data protection officers in the Wellbeing Services County of Ostrobothnia can be contacted via e-mail at dataskyddsansvariga@ovph.fi.

- I apply for a transportation service for business trips in accordance with the Disability Services Act
- I apply for a transportation service for study trips in accordance with the Disability Services Act
- I apply for a transportation service for leisure / recreation / matters according to the Disability Services Act
- I apply for a service that supports mobility according to the Social Welfare Act

PERSONAL DETAILS

Name	Telephone
Local address	
Postal code	

CONTACT DETAILS OF RELATIVE / TRUSTEE (complete if necessary)

Name	Telephone
Local address	
Postal code	

DISABILITY / ILLNESS

What disability / illness do you have?

Describe in what way the disability / illness requires the need for a transportation service.

Do you use a mobility aid?

- No I don't.
- Yes, I do

How many metres do you think you are able to walk?

In summer about metres *with a mobility aid* and about metres *without a mobility aid*.
In winter about metres *with a mobility aid* and about metres *without a mobility aid*.

Can you walk up stairs?

- Yes (without assistance)
- Yes, but only with assistance
- No, not at all

Describe your mobility in the home?

Describe your mobility outside the home?

ACCOMMODATION AND EVERYDAY LIVING

What kind of home do you have?

(e.g. apartment block with / without lift, detached house, terraced house)

Do you live alone?

- Yes
 No, I live with

Do you need help with daily tasks?

- No
 Yes, I need help with the following:

Do you have a disability allowance?

- Yes €/ month
 No

ACCESS TO A CAR / GENERAL COMMUNICATIONS

Do you have access to a car?

- Yes No

Have you received a car tax rebate?

- Yes No

Have you been granted a subsidy in accordance with the Disability Services Act?

- Yes No

How have you handled your tasks outside the home so far?

Can you use low-floor buses or service buses?

- Yes No

If not, describe why you cannot use low-floor buses or service buses.

How far from your home is the nearest bus stop?

About metres

NEED FOR AN ESCORT / ASSISTANCE / INVATAXI

Do you need an escort?

- No
 Yes

If you need an escort, describe in what situations and why.

Do you need assistance from the driver?

- No
 Yes

If you need extra assistance, describe in what situations and why.

Do you need an invataxi?

- No
 Yes

**TO BE COMPLETELY FILLED BY THOSE WHO ARE LOOKING FOR A SERVICE TO SUPPORT
MOBILITY ACCORDING TO THE SOCIAL WELFARE ACT**

Income
€ (gross / month)

Savings and wealth €

OTHER INFORMATION

I AGREE THAT MORE INFORMATION CAN BE COLLECTED IF NEEDED

- Yes, information may be obtained from: Social services Health care services
 Private services
 Other:
 No, I do not agree.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS CORRECT

Location: _____ Date: ____ / ____ 20____

Signature: _____

APPENDICES

- **A medical certificate** issued less than one year ago must be attached to the application for a transport service in accordance with the Disability Services Act.
- An application for a service that supports mobility in accordance with the Social Welfare Act must be accompanied by **a medical certificate** (or equivalent, e.g. ADL assessment) issued less than one year ago, as well as **a tax certificate and a bank statement**.