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Department or unit	Date of arrival
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INFORMATION ABOUT THE PERSON NEEDING SERVICES

Family name and first name	Personal identity code
Street address	Postal code and place
Telephone number (private / service telephone)	

NEED FOR SERVICES (to be completed for the services to which the application applies)

1. Accommodation

- Home alterations. What are they and estimated costs?
- Aids and equipment in the home. What are they and estimated costs?
- Service housing
Describe the need for help during the different times of the day.
- Supported housing (according to the Social Welfare Act)
- Other, what?

2. Personal assistance

- Personal assistant

Describe the need.

Estimated cost and number of hours needed

Proposal for a personal assistant (to be completed only when applying for personal assistance)

Last name and first name	Personal identity code
Street address	Postal code and place
Telephone number (private / service telephone)	Occupation
<input type="checkbox"/> Employed work <input type="checkbox"/> Permanent work <input type="checkbox"/> Temporary work <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work	
Relationship to the person in need of service.	



3. Vocational and social rehabilitation

- Adaptation training
 Other, what?

4. Other special needs

- Special expenses for clothing. Which? Reason and estimated costs.
 Tools, machines, equipment for coping with daily tasks. What are they and estimated costs?
 Other, what?

INFORMATION ON HEALTH STATUS, INJURY OR DISEASE

1. Brief description of health status, use of aids, etc.
2. Injury or illness
3. Where and when the injury or illness occurred

Special information on compensation in accordance with the Act on Compensation for Military Accidents and Service-Related Illnesses, the Motor Liability Insurance Act and the Accident Insurance Act.
Disability rate %, insurance company and claim number.

ADDITIONAL INFORMATION

E.g. own views on the reason for the need for service, brief description of the circumstances that make it difficult to perform the daily tasks, justification for a certain person being proposed as a personal assistant.

Has the person been previously provided with similar services covered by this application?
 No Yes, which ones?

Guardian or other contact person's information (name, address, telephone number). Contact person refers to a person who handles the applicant's case.

SIGNATURE

I authorise the body that decides on the services to obtain the information needed for decision-making.

Place and date

Signature

APPENDICES TO THE APPLICATION FORM

- Medical disability certificate
 Other statements by experts within social welfare and healthcare