

REPORT / NOTIFICATION TO SOCIAL WELFARE
Österbottens välfärdsområde
Pohjanmaan hyvinvointialue
FOR ASSESSMENT OF THE NEED FOR SOCIAL ASSISTANCE

Obligation to direct a person to or directly contact social welfare according to Section 35 of the Social Welfare Act: If such a professionally trained person in health care services as referred to in the Health Care Professionals Act (559/1994), a social worker or an employee of the Social Services, the Education System, Sports System, Child Care, Rescue Service, Emergency Services Department, Customs, Police, Criminal Sanctions Agency, Labour and Business Authority, Social Insurance Institution of Finland (Kela) or the National Enforcement Authority in their work has become aware of a person whose **need for social welfare is obvious**, he or she should **direct** the person to, or if the person agrees to it, **contact the authority responsible for municipal social welfare**, so that the need for assistance can be assessed.

If consent cannot be obtained and **the person is manifestly incapable** of being responsible for their welfare, health, or safety or if a child's best interests absolutely require it, the persons mentioned above shall without delay make a report of the need for social welfare notwithstanding confidentiality provisions.

Sections 25 and 25c of the Child Welfare Act regulate how to make a child welfare notification and an anticipatory child welfare notification. If the person subject to the notification in accordance with subsections 1 – 3 has contacted the authority responsible for social welfare without delay and stated the reasons for the contact, no child protection notification needs to be made on the basis of the same information (Social Welfare Act Section 35). When notifying about an elderly person's service need, the provisions of Section 25 of the Elderly Care Act must also be complied with.

PERSON TO WHICH THE NOTIFICATION APPLIES

Family name and first name	Personal identity code	Telephone number
Street address	Postal code and place	Citizenship, if not Finnish

CONSENT TO BEING CONTACTED

<input type="checkbox"/> The person has given their consent	Signature, if possible
<input type="checkbox"/> Consent is not available and the person is clearly unable to answer for: <input type="checkbox"/> their care <input type="checkbox"/> their health <input type="checkbox"/> their safety <input type="checkbox"/> the child's interest requires contact	

CONTACT DETAILS OF THE PERSON BEING CONTACTED (obligatory information if the person being contacted is from an authority)

Family name and first name	Occupation and place of work, if the contact person is from an authority	
Street address	Postal code and place	Telephone number
Place and date	Signature (signed by the one making the notification)	

REASONS FOR MAKING REPORT / NOTIFICATION (Concern forming the basis for reporting a need for social welfare: description of the concern, description of the person / family's situation)**REPORT IS MADE TO / NOTIFICATION IS MADE TO:**

To the nearest social welfare unit in your municipality (contact information, pohjanmaanhyvinvointi.fi) or to the address:
 Wellbeing Services County of Ostrobothnia PO Box 101, 65101 VAASA