

1. Applicant

Personal identity code

Family name and given name

2. Language of interpretation

i The purpose of this form is to find out if you or a person close to you needs interpreter assistance when participating in rehabilitation.

Interpreter assistance is available from Kela for situations which are important to the rehabilitation process. It is not available for the entire course of rehabilitation or for all types of rehabilitation.

Please select below the languages which you are able to use for communication in rehabilitation situations.

- | | | | |
|---|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Arabic | <input type="checkbox"/> Badini | <input type="checkbox"/> Bulgarian |
| <input type="checkbox"/> Dari | <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Kurmanji |
| <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Myanmar (Burmese) | <input type="checkbox"/> Pashto | <input type="checkbox"/> Persian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> French | <input type="checkbox"/> Romanian | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> German | <input type="checkbox"/> Somali | <input type="checkbox"/> Sorani | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Estonian |

Sámi, please specify: _____

other, please specify: _____

3. Signature

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature