



You can also file the claim and related documentation online at www.kela.fi/asiointi (in Finnish) or www.fpa.fi/etjanst (in Swedish)

More information is available at www.kela.fi/family

You can calculate the amount of the benefit at www.kela.fi/laskurit (in Finnish) or www.fpa.fi/berakningar (in Swedish)



Please make sure to complete the claim carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

You can send the claim and any supporting documents by mail www.kela.fi/by-mail



If you have questions, please call our customer service number www.kela.fi/phone-numbers

When to claim: The allowance is available retrospectively for a maximum of 6 months from the date of the claim. The allowance cannot be granted for a shorter period than 1 month.

1. Claimant

The claimant is the child's

parent other legal guardian other person

Personal identity code

Family name and given name

Phone number

E-mail



Kela retrieves address data from the population data system.

If you are living temporarily at another address, please write your temporary address in section 10. Additional information.

2. Account number



State your own account number even though the allowance is paid to the care provider.

3. Residence or employment abroad



Work on board a vessel flying the flag of another country is also considered as work abroad.

Do you live or work outside Finland?

No Yes. In which country? _____

Does your spouse/partner live or work outside Finland?

No Yes. In which country? _____

Does/Do the child(ren) whom this claim concerns live abroad?

No Yes. In which country? _____

4. Claim

i Care allowance can be granted regardless of your income, but the amount of the care supplement is affected by your and your spouse's/partner's incomes.

You are also entitled to the benefit during your annual holiday. You cannot get both paternity allowance and child care allowance at the same time.

Care allowance

I wish to apply for care allowance right after the parental allowance period until _____.

I wish to apply for care allowance starting from or for the period _____ - _____.

Care supplement

I am not applying for care supplement.

I wish to apply for care supplement right after the parental allowance period until _____.

I wish to apply for care supplement starting from or for the period _____ - _____.

I am reporting changes that affect the care allowance/care supplement:

i Tick the situation(s) that has/have changed in your family. Give the date of change as well.

The family's incomes have changed starting from _____.

The details of the child's day care have changed starting from _____.

Move to another municipality starting from _____.

Marriage / cohabitation starting from _____.

Relationship ended _____.

Move abroad _____.

Change in the circumstances specified in section 5 starting from _____. Please tick the relevant box in section 5.

Other reason. Which reason and since when? _____

5. Determination of the amount of private day care allowance

i Please complete this section if you are applying for private day care allowance for a child/children. Fill in the details about your spouse/partner if he/she is the child's parent or other legal guardian and lives with the child.

Are you

Is your spouse/partner

working full-time

working full-time

working part-time _____ hours per week +
length of commute _____ hours per week

working part-time _____ hours per week +
length of commute _____ hours per week

self-employed, full-time

self-employed, full-time

self-employed, part-time _____ hours per week +
length of commute _____ hours per week

self-employed, part-time _____ hours per week +
length of commute _____ hours per week

a full-time student

a full-time student

participating in employment promoting services
_____ hours per week

participating in employment promoting services
_____ hours per week

undergoing rehabilitation _____ hours per week

undergoing rehabilitation _____ hours per week

unemployed

unemployed

retired

retired

at home looking after a child/children

at home looking after a child/children

Are you doing something else? Please specify.

Is your spouse/partner doing something else? Please specify.

How many hours per week? _____

How many hours per week? _____

The child or children need full-day early childhood education for special reasons. Enclose the decision on this.

i Further information on the document that needs to be enclosed with this claim is given in section 11. Enclosures.



6. Child care details

i Fill in the child care details for all children in the family under school age. If you need more space to provide the details for all your children, give the details in section 10. Additional information.

1. Name of the child

Personal identity code

I wish to apply for child home care allowance for this child.

The child is primarily looked after by

Starting from or for the following period

the claimant

_____._____._____ - _____._____._____

other caregiver

_____._____._____ - _____._____._____

Name of the caregiver

I wish to apply for private day care allowance for this child.

The child is cared for by a private day care provider or hired caregiver

_____._____._____ - _____._____._____

The day care fee is EUR _____ per month.

Duration of day care _____ hours per week.

The child is attending preschool as referred to in the Basic Education Act.

What child care arrangements are there besides the preschool?

The child is in municipal care.

_____._____._____ - _____._____._____

2. Name of the child

Personal identity code

I wish to apply for child home care allowance for this child.

The child is primarily looked after by

Starting from or for the following period

the claimant

_____._____._____ - _____._____._____

other caregiver

_____._____._____ - _____._____._____

Name of the caregiver

I wish to apply for private day care allowance for this child.

The child is cared for by a private day care provider or hired caregiver

_____._____._____ - _____._____._____

The day care fee is EUR _____ per month.

Duration of day care _____ hours per week.

The child is attending preschool as referred to in the Basic Education Act.

What child care arrangements are there besides the preschool?

The child is in municipal care.

_____._____._____ - _____._____._____

7. Family income

- i** Complete this section only if you are applying for care supplement. Benefits received from Kela need not be reported. Further information on the documents that need to be enclosed with this claim is given in section 11. Enclosures.

Do you or does your spouse/partner receive

a. unemployment allowance from an unemployment fund or job alternation compensation?

- i** Answer "Yes" also if you have or your spouse/partner has claimed unemployment allowance. State details on the institution from which allowance has been claimed in section 10. Additional information.

Claimant

Yes. Amount _____ euros per day,
starting from _____.

No

Spouse/partner

Yes. Amount _____ euros per day,
starting from _____.

No

b. wage income?

Claimant

Yes. Enclose a wage statement.
 No

Spouse/partner

Yes. Enclose a wage statement.
 No

c. income from self-employment?

Claimant

Yes. Enclose form Y 8 (Liite – Yrittäjän tuloseselvitys).
 No

Spouse/partner

Yes. Enclose form Y 8 (Liite – Yrittäjän tuloseselvitys).
 No

d. income from agriculture, or do you or does your spouse/partner own forest land?

- i** If you have or your spouse/partner has bought or sold forest land in the last 2 years, please state the details on the forest area and the municipality in section 10. Additional information.

Claimant

Yes. Enclose taxation details for the
agricultural enterprise.
 No

Spouse/partner

Yes. Enclose taxation details for the
agricultural enterprise.
 No

e. capital income, for instance, rental income, dividend or interest income?

- i** If the capital income amounts to less than EUR 10 per month, the income need not be reported.

Claimant

Yes. Enclose details.
 No

Spouse/partner

Yes. Enclose details.
 No

f. other continuous income?

For instance informal care allowance, start-up grant, meeting and conference honoraria, benefits from abroad, income from an estate.

Claimant

Yes. Enclose details.
 No

Spouse/partner

Yes. Enclose details.
 No

Does your child have any income?

- i** Provide details of the income of the children for whom you claim child home care allowance or private day care allowance. Income that a child may have includes, for instance, child support or rental, dividend and interest income.

No, has no income.

Yes. The incomes total EUR _____ per month.

What type of income does the child have? Also indicate the name of the child.



8. Annual holiday pay

i Complete this section only if you are applying for care supplement. Holiday pay and holiday bonus are taken into account as income for the month in which they were paid.

Further information on the documents that need to be enclosed with this claim is given in section 11. Enclosures.

Do you receive holiday pay or holiday bonus during the period of child care leave?

Yes. Date of payment _____. Enclose a wage statement.
 No

9. Deductions which affect the family's income

i Complete this section only if you are applying for care supplement. Further information on the documents that need to be enclosed with this claim is given in section 11. Enclosures.

Do you or does your spouse/partner pay child support?

Claimant

Spouse/partner

Yes. Enclose receipt or copy of agreement or decision.
 No

Yes. Enclose receipt or copy of agreement or decision.
 No

Do you or does your spouse/partner pay life annuity?

i Life annuity is a benefit in cash agreed on in connection with the transfer of real estate.

Claimant

Spouse/partner

Yes. Enclose receipt.
 No

Yes. Enclose receipt.
 No

10. Additional information

i Write the number of the section you are referring to.



11. Enclosures

State the income details before preliminary tax withholding (gross amounts).

Section 5. Determination of the amount of private day care allowance

The municipality's decision on the child's entitlement to early childhood education.

Section 6. Child care details

Private day care allowance

Kela's form WH 2 (Selvitys – Päivähoidon tuottaja).

Copy of employment contract.

Section 7. Family income

b. Wage statement showing the latest wage or salary and cumulative earnings for the previous and current calendar years and possible holiday bonus.

c. Kela's form Y 8 (Liite – Yrittäjän tulospelvitys) and the enclosures stated in the form.

d. Tax report for the agricultural enterprise for the previous tax year, personal pre-completed tax return and decision of assessment or final decision of assessment.

e. Details of capital income.

e. Details of rental income. Copy of rental agreement and amounts of maintenance charges paid.

f. Decision showing the award of a start-up grant if new entrepreneur without YEL insurance cover.

f. Details about other income.

Income of a child

Copy of child support agreement or court decision, details on income from investments or other income.

Section 8. Annual holiday pay

Wage statement showing the holiday pay or holiday bonus for the period of child care leave and payment date. Send the wage statement to Kela when you have received it from your employer.

Section 9. Deductions which affect the family's income

Receipt on latest child support payment.

Copy of maintenance agreement or court decision.

Receipt on latest life annuity payment.

Other enclosures

Please specify: _____

I have already sent the following documents to Kela (name of document):

12. Signature

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

Date

Signature

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

