



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 applied for directly after the period of parental allowance, also as regards annual holidays. The family's income affects the amount of the care supplement.
Child care allowance cannot be paid at the same time for a child for which paternity allowance payable after the period of parental allowance is paid.

Care allowance

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 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. You can provide more details about the changes under section 10.

The family's incomes have changed starting from _____.

The details of the child's day care have changed starting from _____. Provide details on the changes in the information on the children's day care in section 6.

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
<input type="checkbox"/> working full-time	<input type="checkbox"/> working full-time
<input type="checkbox"/> working part-time _____ hours per week + length of commute _____ hours per week	<input type="checkbox"/> working part-time _____ hours per week + length of commute _____ hours per week
<input type="checkbox"/> self-employed, full-time	<input type="checkbox"/> self-employed, full-time
<input type="checkbox"/> self-employed, part-time _____ hours per week + length of commute _____ hours per week	<input type="checkbox"/> self-employed, part-time _____ hours per week + length of commute _____ hours per week
<input type="checkbox"/> a full-time student	<input type="checkbox"/> a full-time student
<input type="checkbox"/> participating in employment promoting services _____ hours per week	<input type="checkbox"/> participating in employment promoting services _____ hours per week
<input type="checkbox"/> undergoing rehabilitation _____ hours per week	<input type="checkbox"/> undergoing rehabilitation _____ hours per week
<input type="checkbox"/> unemployed	<input type="checkbox"/> unemployed
<input type="checkbox"/> retired	<input type="checkbox"/> retired
<input type="checkbox"/> at home looking after a child/children	<input type="checkbox"/> at home looking after a child/children
<input type="checkbox"/> Are you doing something else? Please specify. _____	<input type="checkbox"/> 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 or a municipal service voucher has been granted for the day care of the child.

_____._____-._____-._____.

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 or a municipal service voucher has been granted for the day care of the child.

_____._____-._____-._____.

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. Kela has access to income data from the tax authorities, and we use this data when assessing the income.

Do you or does your spouse/partner receive

a. wage income? (state the gross income, i.e. the amount before preliminary tax withholding)

Claimant

Yes. Amount EUR _____ per month.

Enclose latest wage statement.

No

Spouse/partner

Yes. Amount EUR _____ per month.

Enclose latest wage statement.

No

b. income from self-employment or are you an entrepreneur?

Claimant

Yes. Enclose form Y 8 (Liite – Yrittäjän tulospalvelus).

No

Spouse/partner

Yes. Enclose form Y 8 (Liite – Yrittäjän tulospalvelus).

No

c. 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 EUR _____ per day,
starting from _____.

No

Spouse/partner

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

No

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

- i** Write the information about the forest area and the municipality in section 10. Additional information if there have been changes in the forest area owned by you or your spouse/partner in the past 12 months.

Claimant

Yes. Enclose taxation details for the agricultural enterprise.

No

Spouse/partner

Yes. Enclose taxation details for the agricultural enterprise.

No

e. rental income?

Claimant

Yes. Enclose details, see section 11. Enclosures.

No

Spouse/partner

Yes. Enclose details, see section 11. Enclosures.

No

f. dividend or interest income?

- i** If the capital income amounts to less than EUR 10 per person per month, the income need not be reported. If the dividend and interest income is taken into account according to the latest confirmed tax information, no supporting documentation needs to be enclosed.

Claimant

Yes

income according to latest confirmed tax information.

income has changed.
Enclose details, see section 11. Enclosures.

No

Spouse/partner

Yes

income according to latest confirmed tax information.

income has changed.
Enclose details, see section 11. Enclosures.

No

g. 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, see section 11. Enclosures.

No

Spouse/partner

Yes. Enclose details, see section 11. Enclosures.

No



Report other possible changes in the family's income over the next 12 months.

State whether your family's income circumstances have changed over the past year.

8. Children's income

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.

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.

Yes. Enclose receipt or copy of agreement or decision.

No

No

10. Additional information

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

You can provide further details related to the claim in this section or describe changes that you know about and that will affect the child care allowances.



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

a. Latest wage statement showing the cumulative earnings for the current year and possible wage/salary supplements.

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

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

e. Details of rental income (copy of documented evidence): rent taken out and amounts of maintenance charges to be paid.

f. Information on dividend and interest income, if the income has changed significantly (10%) compared to the latest confirmed tax information.

g. Details about other income, for instance decision on grant or scholarship or on the amount of fees to informal caregiver or family caregiver.

g. Copy of decision showing the award of a start-up grant if new entrepreneur without YEL insurance cover.

Section 8. Children's income

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

Section 9. Deductions which affect the family's income

Receipt on latest child support payment.

Copy of maintenance agreement or court decision.

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.

Place and 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.

