



You can also file the application and related documentation online: www.kela.fi/english.



Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

i If you have moved to Finland and you have not previously claimed benefits from Kela, also complete form Y 77e. If you are going abroad, also complete form Y 38e.

Application period: Compensation for the cost of rehabilitation services can be provided from the beginning of the month in which the application for rehabilitation arrives at Kela.

1. Applicant

Personal identity code	Family name and given name
<input type="text"/>	<input type="text"/>
Telephone	E-mail
<input type="text"/>	<input type="text"/>
Street address	
<input type="text"/>	
Postal code	Postal district
<input type="text"/>	<input type="text"/>

2. Bank account number

3. Application

This application is for

- | | |
|---|---|
| <input type="checkbox"/> education or training. Complete sections 3-7. | <input type="checkbox"/> training offered on a trial basis. Please complete sections 3-6 and 10. |
| <input type="checkbox"/> Taito rehabilitation. Complete sections 3-6 and 8. | <input type="checkbox"/> Kiila rehabilitation. Complete sections 3-6 and 9. See section 11 (Enclosures). |
| <input type="checkbox"/> a vocational rehabilitation assessment. Complete sections 3-6 and 8. | <input type="checkbox"/> a start-up grant for self-employment. Complete sections 3-6 and enclose the Kela form KU 105 (Elinkeinotuki). See section 11 (Enclosures). |
| <input type="checkbox"/> work try-out. Complete sections 3-6 and 8. | <input type="checkbox"/> Purpose of application not yet known. Complete sections 3-6. We will contact you about your application. |
| <input type="checkbox"/> job coaching. Complete sections 3-6 and 8. | |

i If you are applying for assistive devices for work or studies, complete form KU 103.

My need for rehabilitation is affected by an illness or a disability which is due to

- a traffic accident an accident at work/occupational disease a military injury/service-related illness

State the name of the insurance company and the accident number:

Indicate who has been involved in planning the vocational rehabilitation:

- employer occupational health care provider healthcare provider employment authorities
 Kela authorised pension provider other, please specify:

Names of contact persons:

Have you received or applied for vocational rehabilitation from your authorised pension provider (e.g. job try-out, job coaching, education or training)?

No Yes. Specify the type of rehabilitation, the organiser and the dates.

i If you are currently in work, contact your authorised pension provider to find out what rehabilitation options you may have.

Have you previously received or applied for other vocational rehabilitation or participated in rehabilitative activity integrating into work (for instance work try-out, job coaching, education or training, or rehabilitative work activity)?

No Yes. State the organiser of the rehabilitative activity, when you participated in the activity and the name of the contact person:

4. Native language

What is your native language?

Finnish Swedish Sámi, please specify: _____

other, please specify: _____

If your native language is other than Finnish, Swedish or Sámi, are you able to communicate in Finnish or Swedish with healthcare providers or other government agencies?

Finnish Yes No. Complete the Kela form KU 106e (Need for interpreter assistance in rehabilitation – Supplement to application for rehabilitation).

Swedish Yes No. Complete the Kela form KU 106e (Need for interpreter assistance in rehabilitation – Supplement to application for rehabilitation).

5. Employment and educational status

I am

employed unemployed a student under 16 years of age
 a stay-at-home mother or father on disability pension on rehabilitation subsidy
 disabled for work (on sickness allowance) retired on a pension (other than disability pension) other, please specify:

6. Professional information

What training or education have you completed and what year did you graduate?

Your occupation, most recent employer and the type of work you have most recently done. Indicate the start and end dates.

Do you have work experience in other fields?

No Yes, please specify the type of experience you have.



Describe your current job and the circumstances at work (responsibilities, working postures, degree of strain experienced).

Describe how your illness or disability makes work or study more difficult for you.

Have your job responsibilities been adjusted because of your illness?

No Yes, describe how.

Describe your professional plans and goals.

Are you aware of any factors that could affect the timing of the rehabilitation?

No Yes; describe them and state how they could affect the timing.

7. Education and training

i A decision on your rehabilitation cannot be made until you have provided Kela with documentation showing that you have been accepted to school.

For which course of education or training are you applying for rehabilitation from Kela?

Name of the educational institution

Line of study

Degree/qualification pursued

Start and end dates of study

8. Vocational rehabilitation assessment, Taito rehabilitation, work try-out and job coaching

i For information on individual rehabilitation providers, please visit www.kela.fi/palveluntuottajahaku. Select the rehabilitation provider you are interested in. You must select a provider that offers the type of rehabilitation you need.

Note! Vocational rehabilitation assessment: only some service providers have the possibility to provide accommodation. If you have to stay overnight on the service provider's premises (valid reason is required, for instance long distances), you should choose a service provider who can provide accommodation.

Service provider's premises

Vocational rehabilitation assessment I need accommodation

9. Kiila rehabilitation

Individual service Courses Number of the course (if known to you)

Service provider's premises Start date

- I will stay overnight at the rehabilitation premises during the rehabilitation.
 I will not stay overnight at the rehabilitation premises during the rehabilitation.

10. Training try-out

Educational institution

Line of study

Have you agreed on the training try-out with the educational institution? Yes No

11. Enclosures

- Medical certificate B or equivalent doctor's statement ⓘ The medical statement must not be older than a year.
- Has already been submitted to Kela. I will submit it by _____
 Doctor's appointment is scheduled for _____
- Kela form KU 200 concerning the Kiila rehabilitation course (vocational statement for Kiila rehabilitation)
 Kela form KU 105 concerning the start-up grant for self-employment
 Other supporting documents, please specify:

12. Additional information

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

Additional information on a separate sheet. Write your name and personal identity code on the sheet.

13. Signature

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

Place and date Signature and printed name of the applicant

Kela has the right under law to access or disclose information required to decide a rehabilitation case and to implement the rehabilitation. 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.

