



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.

1. Applicant

Personal identity code Family name and given name

Phone number

E-mail

Address

Postal code

Postal district

2. Application

Which type of rehabilitation are you applying for?

Vocational rehabilitation assessment

Training try-out

Nuotti coaching

Work try-out

Job coaching

Purpose of application not yet known.

State the service provider you have chosen.



For information on individual rehabilitation providers, please visit www.kela.fi/palveluntuottajahaku, and choose a service provider.

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.

Training try-out: state as service provider the educational institution with which you have agreed on the training try-out.

3. Referring organisation

State the organisation that has referred you to this type of rehabilitation.

Name of contact person

Phone number

E-mail

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. Life situation

I am

unemployed a student a stay-at-home mother or father

Other situation, please specify. _____

I live

alone with my spouse/partner with my parent(s)

Other situation, please specify. _____

6. Previous services

Indicate which services you have used.

Ohjaamo guidance centre Outreach youth services Rehabilitative work activity Workshop
 Employment authorities Social worker Follow-up care Doctor
 Nurse Psychologist School social worker

Other service, please specify. _____

State the type of help you have received and when you received it.

If you have not used any of these services, state the reason.

I have not needed to

I am queuing to the service. Specify the service. _____

Other reason, please specify. _____

7. Functional status

What are some things you feel you are good at? What do you enjoy doing (for instance hobbies)?

Describe what inspires and interests you.

Indicate which of the following you have felt or experienced recently. Select the alternatives that describe your situation.

Tiredness Restlessness Anxiety Tension
 Fear Forgetting things Getting stuck on things Joy
 Enthusiasm Failure Difficulty concentrating Giving up
 Achievement Loneliness Hope Difficulty leaving home
 Difficulty getting started

Something else, please specify. _____

How do you cope in everyday life (for instance running errands, daily rhythm, gaming)?

Do you use intoxicants?

No
 Yes. State what types of intoxicants and how often.

Are you worried about your use of intoxicants?

No
 Yes. State what type of help you have sought.



Describe how you take care of yourself and your household (for instance household chores, finances, hygiene, cooking).

Do you have family, friends or other persons close to you who give you help and support?

No Yes

8. Need of rehabilitation and services

State why you are applying for rehabilitation.

State the kind of changes you want to happen over the next 12 months.

9. Studies and work

Have you completed a degree or qualification?

Yes. Please specify.


No. State the reason why you have not completed a degree or qualification.

How did you cope in comprehensive school or vocational education?

Are you currently studying?

No Yes. Please specify.

State the type of support you have received from your school.

 In addition to the application, you need a statement from the school detailing the support measures they have offered you.

Do you have a course of study that you have not completed?

No Yes. Please specify.

State the reason why the studies were discontinued and when.

Are you currently working?

No Yes. State where you work and how much per month.

How do you find that you are coping with your work?


State what kind of work you have previously done and when.

How do you find that you coped with your work?

10. Enclosures

- Statement on the support measures offered by the school, if you are studying.
- Other enclosures, please specify.
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11. 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.

12. 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 determinations, 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.