



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 You must enclose a medical certificate D with the application.

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.

When to apply: File your application within four months of the date from which you wish to receive the benefit.

1. Applicant

i Special care allowance can also be granted for the care and rehabilitation of your spouse's or partner's child or some other child if you effectively act as the child's parent.

Personal identity code

Family name and given name

Phone number

E-mail

i Kela retrieves the address data from the population data system.

2. Bank account number

3. Child

Family name and given name

Personal identity code

4. Participation in the child's medical care

State the days on which you have been unable to work full-time because you have participated in the child's medical care for at least 4 hours or 50% of your working hours. If you work part-time, the percentage share is the same as for persons who work full-time.

Hospital care

Outpatient care

_____ hours

_____ hours

_____ hours

If the outpatient visit, including travel time, lasted less than 4 hours, explain why you were unable to work full time:

Home care

The child attends school, early childhood education or day care outside the home on a trial basis.

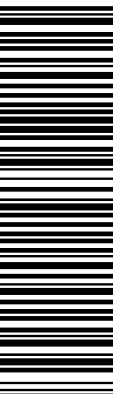
_____ hours

_____ hours

_____ hours

5. Information about home care

Please describe the level of challenge involved in the care of the child at home and/or during the educational trial. Describe the type of additional assistance that the child needs in terms of treatment and medication. Also describe the type of supervision and/or treatment procedures that are required. If you need more space, continue at section 11 (Additional information).



6. Participation in the child's rehabilitation

State the days on which you have been unable to work full-time because you have participated in the child's rehabilitation for at least 4 hours or 50% of your working hours. If you work part-time, the percentage share is the same as for persons who work full-time.

Please describe the rehabilitation in more detail. Enclose a medical certificate D, a certificate of attendance or other documentation on participation in rehabilitation. The documentation must include information on the rehabilitation and on the guardian's participation in the rehabilitation and state that the rehabilitation is based on law.

7. Work or other activity

i Complete all the items that apply to you.

Are you a paid employee?

- No Yes. State your current occupation. To accompany the application, we need a certificate showing that you do not receive a wage or salary during the time period that the application concerns. If you have several employers, we need a statement from all of them confirming that you are not paid.

Are you self-employed or an agricultural entrepreneur?

- No Yes. State the name of the company. Your own notification that you are participating in the care of the child is sufficient proof of your unpaid absence from work.

Have you been engaged in some other work or activity (e.g. providing child care or managing a household, full-time study, or work supported by a grant) or have you been unemployed?

- No Yes. Please specify.

If you declare that you are a business owner, farmer or engaged in some other activity, please describe your work arrangements during participation in the medical treatment or rehabilitation of the child.

- My work is halted
 I have hired a substitute
 My work will be done by a family member or some other person
 Other arrangements. Please specify.

8. Benefits and compensations

Do you currently receive or have you applied for compensation from some other source than Kela for loss of income due to the child's illness (for example based on a motor insurance policy)?

- No Yes. Specify the compensation and the source.

9. Information affecting the amount of the special care allowance

- i** The special care allowance is calculated on the basis of your annual income. Annual income means your incomes during a period of 12 calendar months. This period is called the reference period. There is, however, a 1 month gap between the start of the allowance period and the reference period for the annual income, and the income during this month is not taken into account.

Kela receives income information from the national incomes register, the pension providers and the benefit payers.

More information is available at www.kela.fi/special-care-allowance-amount-and-payment

When calculating the annual income on which the special care allowance is based, it may in special situations be possible to use the income for the last three calendar months of the reference period. One requirement is that the income for the last three calendar months, multiplied by four, must be at least 20% higher than the annual income calculated on the basis of the full 12 calendar months. A further requirement is that you during the reference period

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> have attained vocational qualifications and completed a degree | <input type="checkbox"/> have performed conscript or alternative civilian service |
| <input type="checkbox"/> have been partly or completely absent from the labour market after receiving daily allowances for parents because of providing home care to your under 3-year-old child | <input type="checkbox"/> have been partly or completely absent from the labour market after receiving daily allowances for parents because of providing home care to your adopted child |
| <input type="checkbox"/> have been absent from work because of participating in the medical care of your under 16-year-old child who is ill or disabled (home care or hospital care) | <input type="checkbox"/> have moved to Finland from another country and you were not covered by the Finnish health insurance system while living abroad |

Are you applying for allowance on the basis of your income for the last three calendar months of the reference period?

- No Yes (state the reason under the previous section)

While you are receiving special care allowance, are you also receiving an informal or family care allowance?

- No Yes, for the time being.
 Yes, the payment will continue until _____

10. Enclosures

- Medical certificate D
- Documentation on participation in rehabilitation
- Certificate or notification from the employer showing that no salary or wage is paid.
- Other document. Please specify. _____

11. Additional information

- i** 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

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.

