



You can also complete the application and file related documentation online at [www.kela.fi/omakela](http://www.kela.fi/omakela) (in Finnish) or [www.fpa.fi/mittfpa](http://www.fpa.fi/mittfpa) (in Swedish).

More information is available at [www.kela.fi/family](http://www.kela.fi/family)

You can calculate the amount of the benefit at

[www.kela.fi/laskurit](http://www.kela.fi/laskurit) (in Finnish) or

[www.fpa.fi/berakningar](http://www.fpa.fi/berakningar) (in Swedish).



If you have questions, please call our customer service number ([www.kela.fi/call-kela](http://www.kela.fi/call-kela))



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

We may contact you for further information if necessary.

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.

**i** If you have not previously claimed benefits from Kela and you have moved to Finland, also complete form Y 77e. If you are about to travel 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 address

**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

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Please report the dates on which you have been unable to work due to participation in the child's medical care. Only report days on which you were unable to work entirely (for at least six hours daily or for 75% of your regular working hours).

☐ Hospital care

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☐ Outpatient care

\_\_\_\_\_ hours

\_\_\_\_\_ hours

\_\_\_\_\_ hours

If the outpatient visit, including travel time, lasted less than 6 hours, explain why you were unable to work entirely:

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☐ Care at home

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☐ The child attends school, preschool or a day care trial outside the home during the period for which I am applying for special care allowance. Date(s):

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#### 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. Compared to children of similar age, what kind of additional assistance does the child need in terms of treatment and medication? What kind of supervision and/or treatment procedures are required? You can continue your reply at section 11 (Additional information) or on a separate sheet.

## 6. Participation in the child's rehabilitation and the period which the application concerns

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☐ I am applying for special care allowance for the duration of my participation in the child's rehabilitation.

Please describe the rehabilitation in more detail.

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## 7. Work or other activity

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Are you a paid employee?

- ☐ No ☐ Yes. Please indicate your current job and provide contact information for your employer or payroll office. Ask your employer to use the e-service for employers or the national incomes register to file a notification of non-payment of salary, or enclose a certificate showing that you are not paid a salary.

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Are you a business owner, a farmer, or self-employed?

- ☐ No ☐ Yes. Indicate the name, company form, line of business and business ID (Y-tunnus) of your business. Your own notification that you are participating in the care of the child is sufficient proof of your unpaid absence from work.

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Are you currently engaged in some other work or activity (e.g. providing child care or managing a household, looking for a job, full-time study, or work supported by a grant)?

- ☐ No ☐ Yes. Please indicate where.

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If you declare that you are a business owner, farmer, self-employed 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 or postponed until later  
☐ I have hired a substitute  
☐ My work will be done by a family member or some other person  
☐ Other arrangements. Please specify.
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## 8. Benefits and compensations

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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. Please indicate 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. We ask for further information on your income on this form.

More information is available at [www.kela.fi/web/en/special-care-allowance-amount-and-payment](http://www.kela.fi/web/en/special-care-allowance-amount-and-payment)

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 \_\_\_\_\_

When calculating the annual income on which the special care allowance is based, it may 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 have

- ☐ attained vocational qualifications and completed a degree  
☐ performed conscript or alternative civilian service  
☐ been partly or completely absent from the labour market after receiving parental allowance because of providing home care to your under 3-year-old child  
☐ been partly or completely absent from the labour market after receiving parental allowance because of providing home care to your adopted child  
☐ 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)  
☐ 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)

## 10. Enclosures

- ☐ Medical certificate D (Kela form SV 10e). Include all of the pages of the certificate.  
☐ Employer's certificate of non-payment of salary (if the information is not available from the national incomes register).  
☐ 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.