



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



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.

ⓘ You need to enclose a medical statement on the child's state of health with your application. The statement must have been issued within the last six months.

**When to apply:** The benefit can be backdated by a maximum of 6 months from the date of application.

## 1. The child

Personal identity code

Family name and given name

Does the child live in Finland?

Yes

No; please specify in which country the child lives. \_\_\_\_\_

## 2. The child's illnesses, disabilities and their treatment

Due to which illness or disability are you applying for disability allowance for the child?

When has the child's need for care started or increased?

Does the child regularly visit a doctor?

No

Yes; please specify how often and where.

Where and when is the child's next visit to the doctor?

Place \_\_\_\_\_ Time \_\_\_\_\_ / \_\_\_\_\_

Has either one of the parents had to make work arrangements due to the child's illness?

No

Yes; please specify.

### 3. The child's need of care and assistance

Describe in your own words what kind of additional care and assistance the child needs compared to healthy children of the same age. When needed, please continue under section 12 or on a separate sheet. Write the child's name and personal identity code on the sheet.

a. Does the child need assistance or supervision when moving?

① Also indicate if the child uses an assistive device when moving.

No  Yes; please specify.

b. Does the child need assistance or guidance with daily activities, such as when eating, dressing/undressing, washing or going to the toilet?

No  Yes; please specify.

c. Does the child need assistance with speech, hearing or vision?

① Also indicate if the child uses complementary communication methods or assistive devices, e.g. hearing aid, signs or pictures.

No  Yes; please specify the type of assistance and the type of situation.

d. Does the child need assistance with social interaction, such as with self-expression, when playing, in relations to other children or to adults?

No  Yes; please specify.

e. Does the child need help with the treatment of the illness, for instance when taking medication or measuring blood sugar levels?

No  Yes; please specify.

f. Does the child need assistance, guidance or supervision with something else?

No  Yes; please specify.

### 4. The child's day care – Complete this section only if you are applying for allowance for a child under school age.

Where is the child in day care?

At home; please specify who looks after the child. \_\_\_\_\_

In a day care centre

Somewhere else; please specify. \_\_\_\_\_

Does the child need special arrangements or assistance for the day care, such as a personal assistant?

No  Yes; please specify the type of arrangement or assistance and how often.

Is the child's day care based on a medical statement?  No  Yes

## 5. The child's school – Complete this section only if you are applying for allowance for a child of school age.

Does the child need special arrangements or assistance in school, such as a personal assistant, supportive teaching or special needs teaching?

No  Yes; please specify.

Does the child need special arrangements during the travels to school?

No  Yes; please specify.

## 6. Rehabilitation – Complete this section only if the child participates in rehabilitation or is about to start rehabilitation.

Rehabilitation that the child participates in

Start and end dates,  
if known.

physiotherapy \_\_\_\_\_ times per week / \_\_\_\_\_ times per month

Rehabilitation provider \_\_\_\_\_

psychotherapy \_\_\_\_\_ times per week / \_\_\_\_\_ times per month

Rehabilitation provider \_\_\_\_\_

speech therapy \_\_\_\_\_ times per week / \_\_\_\_\_ times per month

Rehabilitation provider \_\_\_\_\_

occupational therapy \_\_\_\_\_ times per week / \_\_\_\_\_ times per month

Rehabilitation provider \_\_\_\_\_

other rehabilitation; please specify type of rehabilitation, how often and where.

Do you at home do exercises with the child to help the child with moving, speech, interaction or other activities?

No  Yes; please specify the type of exercise and how often.

Does the person who cares for the child transport the child to rehabilitation?

No  Yes. How many times per week? \_\_\_\_\_ times

How long is the one-way journey (in time)? \_\_\_\_\_ minutes / hours

## 7. Costs

**i** A child who is entitled to disability allowance at the basic rate can be granted increased disability allowance, if the child's illness or disability causes costs that are taken into account amounting to at least the amount of the increased disability allowance per month. More information about the costs and the amounts of the disability allowance is available at [www.kela.fi/web/en/disability-allowance-for-children-amount-and-payment](http://www.kela.fi/web/en/disability-allowance-for-children-amount-and-payment).

If the child's illness or disability entails costs, please state them below. Only state the costs for which you **have not** received compensation from Kela or some other source, such as an insurance company. Kela already has information about the costs for which the child has received compensation from Kela, for instance medicines, travel costs and private healthcare services. Costs for hobbies, fees for rehabilitative day care and loss of income are not costs that are taken into account for the purposes of the disability allowance.

\_\_\_\_\_, \_\_\_\_\_ euros per year

\_\_\_\_\_, \_\_\_\_\_ euros per year

## 8. Compensations from other sources

Does the child receive a comparable benefit to the disability allowance from abroad, or has such a benefit been applied for?

No  Yes; please specify the benefit and the payer.

Does the child receive continuous monthly compensation due to illness or disability from an insurance company in Finland or some other country, or has such a compensation been applied for?

No  Yes; please specify the benefit and the payer.

## 9. Applicant

① 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.

Are you  the child's guardian  
 some other person; please specify  
your relation to the child. \_\_\_\_\_

Personal identity code \_\_\_\_\_ Family name and given name \_\_\_\_\_

Street address \_\_\_\_\_

Postal code \_\_\_\_\_

Postal district \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Does the child live with you?

Yes  No; please specify with whom the child lives and the child's address. \_\_\_\_\_

Do you or does your spouse/partner work outside Finland?

No  Yes; please specify in which country. \_\_\_\_\_

## 10. Bank account number

## 11. Enclosures

Medical certificate C or equivalent doctor's statement

Has already been submitted to Kela.  I will submit it by \_\_\_\_\_.\_\_\_\_\_.

Other enclosure; please specify. \_\_\_\_\_

I have already sent the following documents regarding this application to Kela (name of document and date of submitting the document): \_\_\_\_\_

I will later submit the following document to Kela (name of document and date of submitting the document to Kela): \_\_\_\_\_

by \_\_\_\_\_.\_\_\_\_\_.

## 12. Additional information – Write the number of the section you are referring to.

Additional information on a separate sheet. Write the child's name and personal identity code on the sheet.

## 13. Signature

① The decision will be sent to the guardian. Separate decisions will be sent to guardians who live at different addresses (section 5 of the Act on Child Custody and Right of Access).

**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.