



More information is available at
www.kela.fi/rehabilitation



If you have questions, please call our customer
service number (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 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.

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

Telephone

E-mail

Street address

Postal code

Postal district

2. Account number

3. Application

This application is for

education or training. Please complete sections 3-7.

Taito rehabilitation. Please complete sections 3-6 and 8.

a vocational rehabilitation assessment.
Please complete sections 3-6 and 9.

vocational rehabilitation supporting the integration into
work. Please complete sections 3-6 and 9.

training offered on a trial basis.
Please complete sections 3-6 and 9.

NUOTTI coaching. Please complete sections 3-5.
We will contact you about your application.

KIILA rehabilitation. Please complete sections 3-6 and 10.
See section 11 (Enclosures).

a start-up grant for self-employment. Please complete
sections 3-6 and enclose the Kela form KU 105
(Elinkeinotuki). See section 11 (Enclosures).

Purpose of application not yet known. Please complete
sections 3-6. We will contact you about your application.

Please indicate who has been involved in planning the vocational rehabilitation:

employer

occupational health care provider

healthcare provider

Employment and Economic Development Office

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, to whom you submitted the application, and the date of application

i If you are currently in work, contact your authorised person 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 supporting the integration into work (for instance work try-out, job coaching, education or training, or rehabilitative work activity)?

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

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

-  If a family member or other person close to you participates in the rehabilitation process and needs interpreter assistance, complete the Kela form KU 106e.

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, please describe how.

Please describe your professional plans and goals.

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

No Yes; please 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 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. Taito rehabilitation

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.

Service provider's premises (provider of rehabilitation services)

9. Vocational rehabilitation assessment, vocational rehabilitation supporting the integration into work, and training offered on a trial basis

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.

Service provider's premises (for instance rehabilitation provider's premises, educational institution)

10. KIILA rehabilitation

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

Service provider's premises Start date

During the rehabilitation, I will stay overnight on the service provider's premises.

I will not stay overnight on the service provider's premises.

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 KIILA rehabilitation (vocational statement for KIILA rehabilitation)

Kela form KU 105 concerning the start-up grant for self-employment

Copies of school diplomas and job certificates if you are applying for education or training.

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

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.