



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 If you are going abroad, also complete form Y 38e. Any stays abroad of more than 3 months must be reported to Kela.

1. Allowance recipient

Personal identity code Family name and given name

Phone number

E-mail

i Kela retrieves address data from the population data system.
If you are living temporarily at another address, write your temporary address in section 7 Additional information.

2. Annual review of care supplement and changes affecting the care supplement

i Indicate the situation(s) that has/have changed in your family. Give the date of change as well. You can provide more details about the changes under section 7.

- Annual review of care supplement.
- The family's incomes have changed starting from _____
- The details of the children's day care have changed starting from _____. Provide details on the changes in the information on the children's day care in section 7.
- Move to another municipality _____
- Marriage or cohabitation starting from _____
- Relationship ended _____
- Move abroad _____. Also complete form Y 38e.
- Other reason. Explain the reason and indicate the date of change.

3. Family income

- i** Benefits received from Kela need not be reported. Kela receives income information from the national incomes register and the Finnish Tax Administration. Holiday pay and holiday bonus do not affect the amount of the care supplement, if you take the holiday during the period of care leave. Further information on the documents that need to be enclosed with this notification is given in section 6 Enclosures.

Do you or does your spouse/partner receive the following type of income?

a. Wage income

Claimant

- Yes
 No

Spouse/partner

- Yes
 No

b. Income from self-employment. Or are you or is your spouse/partner an entrepreneur?

Claimant

- Yes. Enclose form Y 8 (Liite – Yrittäjän tuloseelvitys).
 No

Spouse/partner

- Yes. Enclose form Y 8 (Liite – Yrittäjän tuloseelvitys).
 No

c. Unemployment allowance from an unemployment fund

- i** Answer "Yes" also if you have or your spouse/partner has claimed unemployment allowance. State details on the institution from which allowance has been claimed in section 7 Additional information.

Claimant

- Yes. Amount EUR _____ per day,
starting from _____
 No

Spouse/partner

- Yes. Amount EUR _____ per day,
starting from _____
 No

d. Income from agriculture. Or do you or does your spouse/partner own forest land?

- i** Write the information about the forest area and the municipality in which the forest area is located in section 7 Additional information if there have been changes in the forest area owned by you or your spouse/partner in the past 12 months.

Claimant

- Yes. Enclose the documentation stated in section 6 Enclosures.
 No

Spouse/partner

- Yes. Enclose the documentation stated in section 6 Enclosures.
 No

e. Rental income

- i** State the rental income for all sources of rental income (for instance unit in a housing co-operative, single-family home or income from ground rent). State the amount of the rent in full, i.e. without any deductions.

Claimant

- No Yes. Specify the source of the rental income.

Spouse/partner

- No Yes. Specify the source of the rental income.

- Unit in a housing co-operative

Address of home rented out

Amount of rent: EUR _____ per month.

Amount of maintenance charge: EUR _____ per month.

Amount of water charge: EUR _____ per month.

Other costs deducted from rental income

- Unit in a housing co-operative

Address of home rented out

Amount of rent: EUR _____ per month.

Amount of maintenance charge: EUR _____ per month.

Amount of water charge: EUR _____ per month.

Other costs deducted from rental income

- Single-family home

Address of home rented out

Amount of rent: EUR _____ per month.

- Single-family home

Address of home rented out

Amount of rent: EUR _____ per month.

- Income from ground rent

Amount of rent: EUR _____ per month.

- Income from ground rent

Amount of rent: EUR _____ per month.



f. Dividend or interest income

- i** If the capital income amounts to less than EUR 20 per person per month, the income need not be reported.
If the dividend and interest income has changed significantly, i.e. by at least 10%, compared to the latest finalised tax assessment, state the changed income amount.

Claimant

- Yes
 This income according to latest confirmed tax information.
 This income has changed.

Amount of income: EUR _____ per year.

- No

Spouse/partner

- Yes
 This income according to latest confirmed tax information.
 This income has changed.

Amount of income: EUR _____ per year.

- No

g. Other continuous income

Other continuous income includes for instance profit on sale of assets, meeting and conference honoraria, income and benefits from abroad, income from an estate.

Claimant

- Yes. Enclose details.
 No

Spouse/partner

- Yes. Enclose details.
 No

4. Children's income

- i** Provide details of the income of the children for whom you claim child home care allowance or private day care allowance. Income that a child may have includes, for instance, child support or rental, dividend and interest income as well as income and benefits from other countries.

Does your child or do your children have any income?

- No
 Yes. The incomes total EUR _____ per month.

What type of income does the child(ren) have? Also indicate the name(s) of the child(ren).

5. Deductions which affect the family's income

Do you or does your spouse/partner pay child support?

Claimant

- Yes. Amount of child support: EUR _____ per month.
 No

Spouse/partner

- Yes. Amount of child support: EUR _____ per month.
 No

6. Enclosures

i Keep any receipts and documents related to your notification of changes because we may request them, when necessary.

Section 3. Family income

- b. Kela's form Y 8 (Liite – Yrittäjän tuloseelvitys) and the enclosures stated in the form.
- d. Tax report for the agricultural enterprise for the previous tax year, personal pre-completed tax return or final decision of assessment.
- g. Details about other income, for instance amount of profit on sale of assets or decision on the amount of grant.
- g. Documentation on income and benefits from abroad, their amount as well as the name of the paying institution.

Section 4. Children's income

- Documentation on income and benefits from abroad, their amount as well as the name of the paying institution.

Other enclosures

- Please specify:

- I have already sent documents with the following names to Kela:

7. Additional information

i You can provide additional information related to the notification of changes here or tell us about any changes that you know about and that will affect the child care allowance. 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.

8. 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

