



Kela|Fpa[®]

Application for a Review of Care Allowance for Pensioners Without a Medical Statement

Customer lives in an institutional care facility or an assisted living facility that provides round-the-clock care

Fill in all sections of the application carefully and completely

- Fill in all sections of the application carefully and completely, except the section on costs.
- A carefully completed application will speed up processing and reduce the need for further clarifications.

The image displays four pages of the Kela application form for disability allowance. The pages are numbered 1 through 4. Page 1 is the 'Application' page, which includes sections for 'Personal details', 'Where to apply', '1. Applicant', '2. Bank account number', and '3. Application'. Page 2 is the 'Person and compensation from other sources' page, which includes sections for '4. Person and compensation from other sources' and '5. Expenses and disability and their treatment'. Page 3 is the 'Need of assistance, guidance and supervision' page, which includes sections for '6. Need of assistance, guidance and supervision', '7. Expenses and disability and their treatment', and '8. Additional information'. Page 4 is the 'Enclosures' page, which includes sections for '9. Enclosures', '10. Signatures', and '11. Person helping the applicant to complete the application'.

Illnesses and disabilities and their treatment

- Describe in your own words how your illnesses or disabilities affect your daily life and when the difficulties started.
- Also indicate who is treating your illnesses and providing you with rehabilitation.

5. Illnesses and disabilities and their treatment

Which illnesses or disabilities make your everyday life more difficult?

When did your functional ability start deteriorating?

At which healthcare facilities do you usually receive treatment?

Do you receive treatment or rehabilitation prescribed by a doctor (e.g. physical therapy or psychotherapy) for your illness or disability?

☐ No ☐ Yes; specify the type of treatment or rehabilitation and how often.
① Also state when the treatment or rehabilitation started and for how long it will continue.

Need for assistance, guidance and supervision

- Can you move independently or do you need supervision or assistive devices? Do you need help getting into or out of bed?

6. Need of assistance, guidance and supervision

① If you need more space, continue at section 9 (Additional information).

How much and what type of assistance or guidance and supervision do you need

When moving indoors or outdoors (e.g. when starting to move)? ☐ I don't need assistance or guidance and supervision.

① Also state if you use assistive devices when moving or if you need supervision in order not to get lost or fall.

With dressing/undressing or personal hygiene (e.g. washing or going to the toilet)? ☐ I don't need assistance or guidance and supervision.

① Also state if you need reminding.

With eating? ☐ I don't need assistance or guidance and supervision.

Need for assistance, guidance and supervision

- How do you manage dressing and personal hygiene? Do you need help only when showering, or also with your morning routine or when using the toilet?

6. Need of assistance, guidance and supervision

① If you need more space, continue at section 9 (Additional information).

How much and what type of assistance or guidance and supervision do you need

When moving indoors or outdoors (e.g. when starting to move)? ☐ I don't need assistance or guidance and supervision.

① Also state if you use assistive devices when moving or if you need supervision in order not to get lost or fall.

With dressing/undressing or personal hygiene (e.g. washing or going to the toilet)? ☐ I don't need assistance or guidance and supervision.

① Also state if you need reminding.

With eating? ☐ I don't need assistance or guidance and supervision.

Need for assistance, guidance and supervision

- Can you eat independently, or do you need help cutting food, feeding, or reminders to eat regularly?
- Please also indicate how often you need help with these activities.

6. Need of assistance, guidance and supervision

① If you need more space, continue at section 9 (Additional information).

How much and what type of assistance or guidance and supervision do you need

When moving indoors or outdoors (e.g. when starting to move)? ☐ I don't need assistance or guidance and supervision.

① Also state if you use assistive devices when moving or if you need supervision in order not to get lost or fall.

With dressing/undressing or personal hygiene (e.g. washing or going to the toilet)? ☐ I don't need assistance or guidance and supervision.

① Also state if you need reminding.

With eating? ☐ I don't need assistance or guidance and supervision.

Need for assistance, guidance and supervision

- Can you see, hear, and speak normally or do you need support or assistive devices?

With seeing, hearing or speaking?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
<small>Also state if you use assistive devices for seeing, hearing or communication or if you need an interpreter. If you use assistive devices or you need an interpreter, please specify the type of assistance you need and the type of situations in which you need assistance.</small>	
To remember things?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
In the treatment of the illness (e.g. taking medication)?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
With household activities, cooking or running errands outside the home?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
With something else; please specify.	

Need for assistance, guidance and supervision

- Do you have memory issues that affect your daily life?
- Do you receive help with medication, such as distribution, administration, or reminders?
- Describe these situations in as much detail as possible.

With seeing, hearing or speaking?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
<small>① Also state if you use assistive devices for seeing, hearing or communication or if you need an interpreter. If you use assistive devices or you need an interpreter, please specify the type of assistance you need and the type of situations in which you need assistance.</small>	
To remember things?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
In the treatment of the illness (e.g. taking medication)?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
With household activities, cooking or running errands outside the home?	<input type="checkbox"/> I don't need assistance or guidance and supervision.
With something else; please specify.	



- Keep in mind that even if you don't need direct assistance, you may still need reminders, encouragement or supervision—for example, when moving or eating.
- Please mention these needs too, using concrete examples from your everyday life.



Receiving assistance

- Describe who provides you with assistance, guidance or supervision, and how often.
- You can list all persons or services involved.

7. Receiving assistance

i Tick the appropriate alternatives and write the requested information.

From whom do you get assistance?

☐ From no one ☐ From a family member ☐ From a personal assistant

☐ From home help staff/an in-home nurse ☐ From the staff in the residential care home

☐ A cleaner visits _____ times per month.

☐ I use shopping service _____ times per month.

☐ I use meal service _____ times per week.

☐ I have a security telephone.

☐ Other assistance; please specify from whom. _____

How much assistance do you get? **i** Instead of stating the number of hours, you can also state how many times per week or per day you get assistance. Describe the amount of assistance you get as exactly as possible.

☐ I get assistance weekly. For how many hours per week? _____

☐ I get assistance daily. For how many hours per day? _____

When did you start to get assistance / when did you start to need more assistance?

For how long do you think you can safely manage on your own?

☐ Over a whole 24-hour period ☐ Over the night ☐ Only for a couple of hours ☐ I cannot manage on my own at all

Receiving assistance

- It's important to indicate when the help started or when the need for help increased. For example, have you moved from living independently to an assisted living facility or nursing home? Was this preceded by a hospital stay or respite care?

7. Receiving assistance

i Tick the appropriate alternatives and write the requested information.

From whom do you get assistance?

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When did you start to get assistance / when did you start to need more assistance?

For how long do you think you can safely manage on your own?

☐ Over a whole 24-hour period ☐ Over the night ☐ Only for a couple of hours ☐ I cannot manage on my own at all

Additional Information

- In the "Additional information" section, you may describe anything relevant to your situation that the application form doesn't ask about. For example, in addition to your current situation, describe your earlier need for assistance.
- We assess your eligibility for care allowance and its level retrospectively over a six-month period.



9. Additional information

 Write the number of the section you are referring to.

A large, empty light blue rectangular box for providing additional information.

Signature and the person helping to complete the application

- If you cannot sign the application yourself, you may leave section 11 blank.
- In section 12, provide the name and contact information of the person who helped you complete the form. With your consent, we may contact this person for additional information.

11. Signature

☐ I give my consent to have additional information needed for the application requested from the person mentioned in section 12 who helped to complete the application.

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature

i If the beneficiary is under 18 years of age:

- the application must include the signature or phone number of the guardian or legal representative. The phone number can be stated under section 9.
- the benefit is paid to the bank account stated by the guardian or legal representative. The decision will also 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).

12. Person helping the applicant to complete the application

Name and telephone number

Official position and place of work or family relationship to the applicant

Thank you for your time!

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