

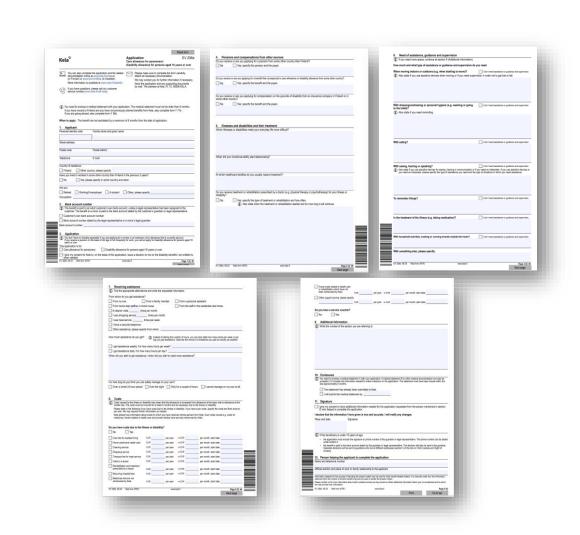


## Application for a Review of Care Allowance for Pensioners Without a Medical Statement

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.

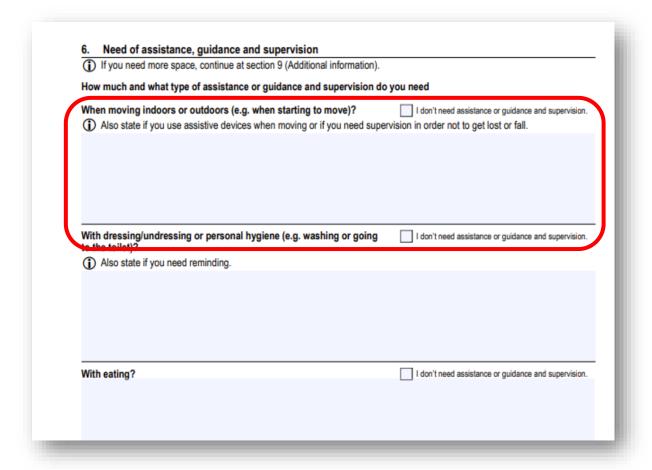


#### Illnesses and disabilities and their treatment

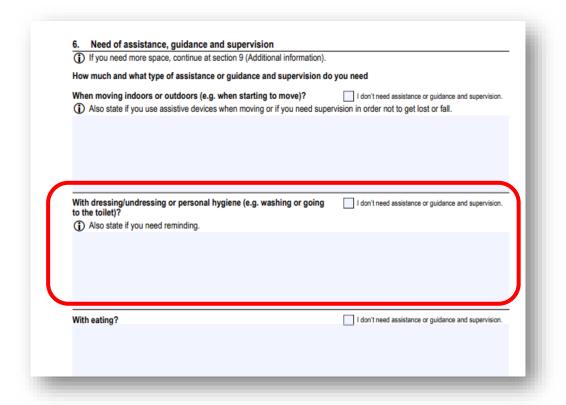
- Describe in your own words how your illnesses or disabilities affect your daily life and when the difficulties started.
- Also indicate who is treating your illnesses and providing you with rehabilitation.

which lines	ses or disabilities make your everyday life more difficult?
When did yo	our functional ability start deteriorating?
	·
It which he	dillocar for illiliand a consequent to a consequence of the consequenc
	atricare facilities do vou usualiv receive freatment?
N. WIIIGII IIG	althcare facilities do you usually receive treatment?
At WINGIT FIGE	aithcare facilities do you usually receive treatment?
A WIIGHTIO	aithcare facilities do you usually receive treatment?
Do you rece	ive treatment or rehabilitation prescribed by a doctor (e.g. physical therapy or psychotherapy) for your illness or
Do you rece disability?	ive treatment or rehabilitation prescribed by a doctor (e.g. physical therapy or psychotherapy) for your illness or
Do you rece	
Do you rece disability?	ive treatment or rehabilitation prescribed by a doctor (e.g. physical therapy or psychotherapy) for your illness or  Yes; specify the type of treatment or rehabilitation and how often.
Do you rece disability?	ive treatment or rehabilitation prescribed by a doctor (e.g. physical therapy or psychotherapy) for your illness or  Yes; specify the type of treatment or rehabilitation and how often.

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



 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?



- 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.

If you need more space, continue at section 9 (Additional inf	formation).
How much and what type of assistance or guidance and sup	ervision do you need
When moving indoors or outdoors (e.g. when starting to mo	ve)? I don't need assistance or guidance and supervis
(i) Also state if you use assistive devices when moving or if you	u need supervision in order not to get lost or fall.
With dressing/undressing or personal hygiene (e.g. washing	or going I don't need assistance or guidance and supervisi
to the toilet)?	Tour theed assistance of guidance and supervisi
Also state if you need reminding.	
With eating?	I don't need assistance or guidance and supervisi
With eating?	I don't need assistance or guidance and supervisi

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

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

- 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?  Also state if you use assistive devices for seeing, hearing or communication you need an interpreter, please specify the type of assistance you need and	I don't need assistance or guidance and supervision. or if you need an interpreter. If you use assistive devices or the type of situations in which you need assistance.
To remember things?	I don't need assistance or guidance and supervision.
n the treatment of the illness (e.g. taking medication)?	I don't need assistance or guidance and supervision.
With household activities, cooking or running errands outside the home?	I don't need assistance or guidance and supervision.



- 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.

	ving assistance
Tick the	appropriate alternatives and write the requested information.
From whom o	do you get assistance?
From no	one From a family member From a personal assistant
From hor	me help staff/an in-home nurse From the staff in the residential care home
A cleaner	r visits times per month.
I use sho	opping service times per month.
I use mea	al service times per week.
I have a s	security telephone.
Other ass	sistance; please specify from whom.
I get assi	day you get assistance. Describe the amount of assistance you get as exactly as possible.
I get assi	stance daily. For how many hours per day?
When did you	u start to get assistance / when did you start to need more assistance?
Far have land	de van High van een eefel van een eerste en van een ee
_	do you think you can safely manage on your own?
Over a w	hole 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?

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 the staff in the residential care home  A cleaner visits  times per month.  I use shopping service  times per week.  I have a security telephone.  Other assistance; please specify from whom.  How much assistance do you get?  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?	
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? 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 day?	lick the appropriate alternatives and write the requested information.
From home help staff/an in-home nurse	whom do you get assistance?
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?  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 day?	rom no one From a family member From a personal assistant
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?  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 oet assistance daily. For how many hours per day?	rom home help staff/an in-home nurse From the staff in the residential care home
I use meal service times per week.  I have a security telephone.  Other assistance; please specify from whom  How much assistance do you get? 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?	cleaner visits times per month.
I have a security telephone.  Other assistance; please specify from whom.  How much assistance do you get?  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?	use shopping service times per month.
Other assistance; please specify from whom.  How much assistance do you get? 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 oet assistance daily. For how many hours per day?	use meal service times per week.
How much assistance do you get?  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?	nave a security telephone.
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?	ther assistance; please specify from whom.
When did you start to get assistance / when did you start to need more assistance?	get assistance weekly. For how many hours per week?
	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?	nu lang da yay think yay ang gafah managa an yay aya?
Over a whole 24-hour period Over the night Only for a couple of hours I cannot manage on my own at all	ow long do you think you can safely manage on your own?

#### **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.

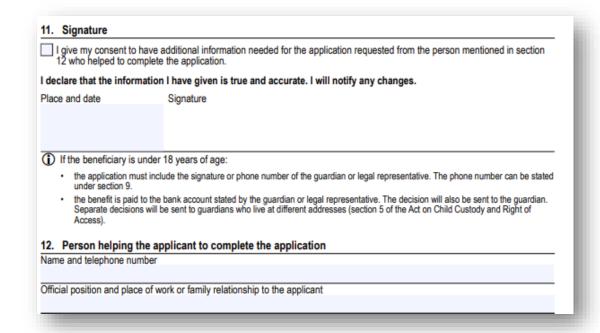
9. Additional information

(i) Write the number of the section you are referring to.

 We assess your eligibility for care allowance and its level retrospectively over a six-month period.

# 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.



## Thank you for your time!

www.kela.fi

