

The service voucher is specific to each individual child and it will not be issued if the child already draws a private or home care allowance granted by the Social Insurance Institution Kela.

I/we give my/our consent to receiving decisions regarding municipal and private day care services and the payments charged for these services in electronic format. The notice of the decision will be sent to the active e-mail address and/or mobile phone number reported and maintained by me via the e-services site. I will be able to view the actual decision by accessing the e-services site using my online banking user credentials or mobile certificate.

1. NEED FOR CARE	Indefinitely from _____ 20__ Fixed term from _____ 20__ to _____ 20__	
2. CHILD'S PERSONAL DATA	Family name and first names	Citizenship
	Date of birth	Domicile as defined in Population Register Act
	Municipality where living	
	Street address, post code and city	
3. INFORMATION ON GUARDIANS AND FAMILY RELATIONS	Guardian's name	Name of other guardian, guardian's married or common law spouse living in same household
	Date of birth	Date of birth
	Current occupation or position	Current occupation or position
	Address of current workplace/place of study	Address of current workplace/place of study
	<input type="checkbox"/> On-going employment <input type="checkbox"/> Fixed-term employment from _____ to _____	<input type="checkbox"/> On-going employment <input type="checkbox"/> Fixed-term employment from _____ to _____
	Address of current workplace/place of study	Address of current workplace/place of study
	Working/study hours from _____ to _____	Working/study hours from _____ to _____
	Tel. home _____ Tel. work _____	Tel. home _____ Tel. work _____
	E-mail address _____	E-mail address _____
	Family status <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common law marriage <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Other guardian <input type="checkbox"/> Registered partnership	<input type="checkbox"/> Joint custody, Name, ID No., address, tel. _____ _____
4. OTHER CHILDREN IN THE FAMILY	Names and ID Nos. of other children under 18 living in the same address:	
	_____	_____
5. INCOME	<input type="checkbox"/> I will not submit an income report. The charge for the service voucher will be determined according to highest day-care rate. <input type="checkbox"/> I am enclosing my income report with the application to have my income to be taken into account in determining the charge for the service voucher.	

<p>6. DAY-CARE PLACE AND NEED FOR SERVICE</p>	<p><b>A. DAY-CARE CENTRE</b></p> <p><input type="checkbox"/> Day-care centre _____ (name of day-care centre)</p> <p><input type="checkbox"/> –84 h/month  <input type="checkbox"/> 85–107 h/month  <input type="checkbox"/> 108–130 h/month  <input type="checkbox"/> 131–150h/month  <input type="checkbox"/> 151 h –/month</p> <p><b>Need for service:</b></p> <p><input type="checkbox"/> In addition to day care, the child needs evening care Mon-Fri 18–22:  Min. 4 times/month <input type="checkbox"/> or min. 8 times/month <input type="checkbox"/></p> <p><input type="checkbox"/> pre-school education (84 h/month purchased service)  <input type="checkbox"/> day care after pre-school education - 84 h/month  <input type="checkbox"/> day care after pre-school education 85–107 h/month  <input type="checkbox"/> day care after pre-school education 108–130 h/month  <input type="checkbox"/> day care after pre-school education 131–150 h/month  <input type="checkbox"/> day care after pre-school education 151h –month</p> <hr/> <p><b>B. FAMILY DAY CARE</b></p> <p><input type="checkbox"/> Family day-care at caregiver's home <input type="checkbox"/> Group family day care</p> <p>Family day caregiver's name, address, tel. and e-mail:  _____  _____</p> <p><b>Need for service:</b></p> <p><input type="checkbox"/> –84 h/month  <input type="checkbox"/> 85–107 h/month  <input type="checkbox"/> 108–130 h/month  <input type="checkbox"/> 131–150h/month  <input type="checkbox"/> 151 h –/month</p> <p><input type="checkbox"/> Day care needed in addition to pre-school education</p> <p><input type="checkbox"/> In addition to day care, the child needs evening care Mon-Fri 18–22:  Min. 4 times/month <input type="checkbox"/> or min. 8 times/month <input type="checkbox"/></p>
<p>7. OTHER INFORMATION (TO BE PROVIDED BY APPLICANT)</p>	<p>Date of expiry of parental allowance _____</p> <p>Date of expiry of home care allowance _____</p>
<p>8. FILING THE APPLICATION</p>	<p>Please return the application form to the day-care service centre (those living in Jyväskylä) at: Jyväskylän kaupunki, Sivistyksen toimiala, Palveluohjausyksikkö, PL 82, 40101 Jyväskylä. In other municipalities, return the application to the day-care office of your municipality.</p>
<p>CUSTOMER'S RIGHTS</p>	<p>The customer is entitled to know why information is requested from him/her; for what purpose the information is to be used; to what parties it is regularly disclosed; and who is the register keeper in whose personal file the information is stored (<i>Act on the position and rights of social services clients</i>). The customer is entitled to check his/her details stored in the customer register file (<i>Personal Data Act</i>).</p>
<p>CHANGES</p>	<p>Report any essential changes in your circumstances (e.g. changes in your family situation, need for care, workplace and/or change of address) immediately to the day-care service centre <b>in writing</b>.</p>
<p>SIGNATURE</p>	<p>I DECLARE THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE AND GIVE MY CONSENT TO THE VERIFICATION AND DISCLOSURE OF THE INFORMATION GIVEN BY ME FOR THE PURPOSE OF CALCULATING THE SERVICE VOUCHER.</p> <p>Date _____ 20____ Signature: _____</p>
<p>FOR OFFICIAL USE</p>	