

APPLICATION FOR SOCIAL REHABILITATION SERVICE*(application for the state to take over the obligation to cover the costs of the social rehabilitation service)***1. DETAILS OF THE APPLICANT** (the person for whom the application is submitted):

First name	
Surname	
Personal identification code (or birth date)	
E-mail address	
Contact phone	
Postal address	<i>(street) (city/municipality) (county) (postcode)</i>

2. DETAILS OF THE APPLICANT'S LEGAL REPRESENTATIVE:

First name	
Surname	
Name of organization and registr. code (if the guardian is a legal entity)	
Personal identification code	
E-mail address	
Contact phone	
Postal address	<i>(street) (city/municipality) (county) (postcode)</i>
The legal representative is	<input type="checkbox"/> guardian
	<input type="checkbox"/> a parent of a child under 18 years of age
	<input type="checkbox"/> other

I REQUEST THE STATE TO TAKE OVER THE OBLIGATION OF PAYING THE FEE FOR THE SOCIAL REHABILITATION SERVICE PROVIDED TO ME**3. THE FOLLOWING DOCUMENTS ARE ATTACHED TO THE APPLICATION**

<input type="checkbox"/>	a copy of the document certifying the right of representation of the person's legal representative
<input type="checkbox"/>	medical certificate
<input type="checkbox"/>	other (specify, e.g., power of attorney)

4. I WOULD LIKE TO RECEIVE THE DOCUMENTS AND NOTIFICATIONS SENT TO ME

<input type="checkbox"/>	By e-mail <i>(the document is transmitted in an unencrypted form, the Social Insurance Board cannot guarantee the security and confidentiality of the data transmitted to you. Acrobat Reader or similar software is required to open a pdf document attached to an e-mail).</i>
<input type="checkbox"/>	Encrypted by e-mail <i>(the document attached to the e-mail is encrypted, and to open it, you need an ID card, an ID card reader, and DigiDoc software, as well as Acrobat Reader or similar software to open the attachment in pdf format).</i>
<input type="checkbox"/>	By registered mail <i>(The document will be sent to the postal address indicated in your personal data. A registered letter means that if the letter cannot be delivered to you within 3 working days, a message will be left for you and you will receive the letter from the post office within 15 calendar days.)</i>
<input type="checkbox"/>	In the State Portal www.eesti.ee
<input type="checkbox"/>	In the self-service portal
<input type="checkbox"/>	At the customer service point – (Write the location, e.g., Rapla)
I would like to be notified when I can come and pick up the decision	
<input type="checkbox"/>	By e-mail
<input type="checkbox"/>	By telephone

5. CONFIRMATION OF ENTITLEMENT TO THE SOCIAL REHABILITATION SERVICE *(to be completed only by a person of working age)*

<input type="checkbox"/>	I receive an early old-age pension.
<input type="checkbox"/>	I receive the allowance of a rescue worker waiting for an old-age pension.
<input type="checkbox"/>	I have not been registered as unemployed; I do not work, am not registered as a sole proprietor in the Business Register, is not registered as a spouse participating in the activities of the company of a sole proprietor in the register of taxable persons; am not acquiring basic, general secondary, vocational, or higher education
<input type="checkbox"/>	I have no workability.

6. MY ABILITY TO COPE AFTER THE LAST ASSESSMENT OF DISABILITY AND/OR ABILITY TO WORK (to be completed by a person aged 16 and over)

<input type="checkbox"/>	has improved
<input type="checkbox"/>	has deteriorated
<input type="checkbox"/>	has not changed
<input type="checkbox"/>	is very variable

7. MY NEED FOR ASSISTANCE IN ASSESSING THE NEED FOR SOCIAL REHABILITATION SERVICES AT THE SOCIAL INSURANCE BOARD (to be completed by a person aged 16 and over)

<input type="checkbox"/>	a person to accompany me
<input type="checkbox"/>	a support person
<input type="checkbox"/>	sign language interpreter
<input type="checkbox"/>	other assistance (describe)

8. BY SUBMITTING THE APPLICATION, I CONFIRM THAT THE INFORMATION PROVIDED IS CORRECT.

<input type="checkbox"/>	I agree that the Social Insurance Board uses my/my ward's sensitive personal data, which is data on health, including diagnosis, disability, and workability, to assess the need for social rehabilitation services and to determine eligibility for the service.
<input type="checkbox"/>	I agree that the Social Insurance Board will forward the said data to the social rehabilitation service provider, who will only use them for the purpose of drawing up the social rehabilitation action plan and providing the social rehabilitation service. I am aware that I can withdraw my consent at any time by notifying in writing at info@sotsiaalkindlustusamet.ee. Withdrawal of consent does not affect the legality of data processing that has taken place up to now on the basis of consent.

9. SIGNATURE

Date:	Name:	
. . 20 a	Signature:	
<i>An application sent electronically must be digitally signed by the applicant or guardian</i>		