Alvesta kommun

Omsorgsförvaltningen

Form i sent to
Omsorgsförvaltningen/Alvesta kommun
Myndighetskontoret
342 80 Alvesta

Explanation for the form

Application - interventions according to the Social Services Act

Do you want help with fill out the form? Contact Alvesta municipality contactcenter in number: 0472-15 000 (weekdays)

If the application concerns more than one person in the household, an application must be submitted for each person.

Name		Social security number
Adress		
ZIP code	Postal adress	Telephone number
Name, adress and telephone number to relative (voluntarity)		

Describe shortly what need you have of help and support in your daily living

Consent

In order to be able to make sure legal certainty of your need of support and help we will retrieve data from example health care, insurance fund, habilitation and/or social service.

☐ **YES,** I admit you can retrieve data

☐ **NO,** data may not be collected

Signature

..... Date

..... Signature

If signed by someone other than the applicant, put a cross in the appropriate box

☐ Good man ☐ Trustee ☐ Authorized representative

If so, please provide your name and contact details to good man/trustee/authorized represantive.

Information

Within three weeks of your application being received by us, you will be contacted by a case manager. The information you have provided on this form will be registered, stored and used as a basis for decisions about interventions and fees.
You can read more about how Alvesta Municipality handles personal data on this page: www.alvesta.se/gdpr.

Only staff working on your case will have access to the information. All staff have confidentiality and may not disclose information about you to any unauthorized person.