



You can also file the application and related documentation online: www.kela.fi/english.



Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

- i** If you have moved to Finland and you have not previously claimed benefits from Kela, also complete form Y 77e. If you are going abroad, also complete form Y 38e. Any stays abroad of more than 3 months must be reported to Kela.

Child home care allowance can be claimed by a parent or other legal guardian if the child is not in municipal early childhood education.

When to claim: The allowance is available retrospectively for a maximum of 6 months from the date of the claim. Child care allowances can only be granted for continuous periods of at least 1 month.

1. Claimant

I am

☐ the child's parent ☐ other legal guardian of the child ☐ some other person

Personal identity code

Family name and given name

Phone number

E-mail

- i** Kela retrieves address data from the population data system. If you are living temporarily at another address, please write your temporary address in section 10 Additional information.

2. Bank account number

- i** State your own account number even though the allowance is paid to the provider of early childhood education.

3. Residence or employment abroad

- i** Work on board a vessel flying the flag of another country is also considered as work abroad. If some other country than Finland pays a benefit comparable to a parental allowance for the child, child home care allowance and private day care allowance cannot be granted for the child for the same time.

Do you live or work outside Finland?

☐ No ☐ Yes. In which country? _____

Does your spouse/partner or the child's other parent or legal guardian live or work outside Finland?

☐ No ☐ Yes. In which country? _____


Does/Do the child(ren) whom this claim concerns live abroad?

☐ No ☐ Yes. In which country? _____

Do you or does your spouse/partner or the child's other parent or legal guardian receive a benefit comparable to a parental allowance from another country?

☐ No ☐ Yes. State to whom the benefit is paid and the institution that pays the benefit. Also indicate the paying country as well as the name and the amount of the benefit. Enclose a benefit decision or some other documentation about the parental benefit paid by the institution in the other country.

4. Benefit that the claim concerns

 If parental allowance is paid for the child, child home care allowance or private day care allowance cannot be paid for the child for the same time.

Child care allowance can also be claimed for annual holidays. The family's income affects the amount of the care supplement.

Care allowance


☐ I wish to apply for care allowance starting from _____ or for the period _____ – _____

Care supplement

☐ I am not applying for care supplement.

☐ I wish to apply for care supplement starting from _____ or for the period _____ – _____

I am reporting changes that affect the care allowance or the care supplement:

 Tick the situation(s) that has/have changed in your family. Give the date of change as well. You can provide more details about the changes under section 10.

☐ The family's incomes have changed starting from _____

☐ The details of the children's day care have changed starting from _____. Provide details on the changes in the information on the children's day care in section 5.

☐ Move to another municipality _____


☐ Marriage or cohabitation starting from _____

☐ Relationship ended _____

☐ Move abroad _____. Please also complete form Y38e.

☐ Other reason. Explain the reason and indicate the date of the change. _____

5. Child care details

 Fill in the child care details for all children in the family under school age. If you need more space to provide the details for all your children, give the details in section 10 Additional information.

1. Name of the child

Personal identity code _____

☐ I wish to apply for child home care allowance for this child.

The child is looked after by

Starting from

or for the following period

☐ the claimant

☐ other caregiver

Name of the caregiver _____

☐ I wish to apply for private day care allowance for this child.

Starting from

or for the following period

☐ The child is cared for by a private provider of early childhood education or hired caregiver

The day care fee is EUR _____ per month.

Duration of day care _____ hours per week.

☐ The child is attending preschool.

What child care arrangements are there besides the preschool?

Starting from

or for the following period

☐ The child is in municipal early childhood education or a municipal service voucher has been granted for the early childhood education of the child.



2. Name of the child

Personal identity code

☐ I wish to apply for child home care allowance for this child.

The child is looked after by

Starting from**or for the following period**☐ the claimant☐ other caregiver

Name of the caregiver

☐ I wish to apply for private day care allowance for this child.**Starting from****or for the following period**☐ The child is cared for by a private provider
of early childhood education or hired
caregiver

The day care fee is EUR _____ per month.

Duration of day care _____ hours per week.

☐ The child is attending preschool.

What child care arrangements are there besides the preschool?

Starting from**or for the following period**☐ The child is in municipal early childhood education
or a municipal service voucher has been granted
for the early childhood education of the child.**3. Name of the child**

Personal identity code

☐ I wish to apply for child home care allowance for this child.

The child is looked after by

Starting from**or for the following period**☐ the claimant☐ other caregiver

Name of the caregiver

☐ I wish to apply for private day care allowance for this child.**Starting from****or for the following period**☐ The child is cared for by a private provider
of early childhood education or hired
caregiver

The day care fee is EUR _____ per month.

Duration of day care _____ hours per week.

☐ The child is attending preschool.

What child care arrangements are there besides the preschool?

Starting from**or for the following period**☐ The child is in municipal early childhood education
or a municipal service voucher has been granted
for the early childhood education of the child.

6. Family income

- i** Complete this section only if you are applying for care supplement. Benefits received from Kela need not be reported. Kela receives income information from the national incomes register and the Finnish Tax Administration. The holiday pay and holiday bonus do not affect the amount of the care supplement, if you take the holiday during the period of care leave. Further information on the documents that need to be enclosed with this claim is given in section 9 Enclosures.

Do you or does your spouse/partner receive the following type of income?

a. Wage income

Claimant

- ☐ Yes
☐ No

Spouse/partner

- ☐ Yes
☐ No

b. Income from self-employment. Or are you or is your spouse/partner an entrepreneur?

Claimant

- ☐ Yes. Enclose form Y 8 (Liite – Yrittäjän tulotoselvitys).
☐ No

Spouse/partner

- ☐ Yes. Enclose form Y 8 (Liite – Yrittäjän tulotoselvitys).
☐ No

c. Unemployment allowance from an unemployment fund

- i** Answer "Yes" also if you have or your spouse/partner has claimed unemployment allowance. State details on the institution from which allowance has been claimed in section 10 Additional information.

Claimant

- ☐ Yes. Amount EUR _____ per day,
starting from _____
☐ No

Spouse/partner

- ☐ Yes. Amount EUR _____ per day,
starting from _____
☐ No

d. Income from agriculture. Or do you or does your spouse/partner own forest land?

- i** Write the information about the forest area and the municipality in section 10 Additional information if there have been changes in the forest area owned by you or your spouse/partner in the past 12 months.

Claimant

- ☐ Yes. Enclose the documentation stated in section 9 Enclosures.
☐ No

Spouse/partner

- ☐ Yes. Enclose the documentation stated in section 9 Enclosures.
☐ No

e. Rental income

- i** State the rental income for all sources of rental income (for instance unit in a housing co-operative, single-family home or income from ground rent). State the amount of the rent in full, i.e. without any deductions.

Claimant

- ☐ No ☐ Yes. Specify the source of the rental income.

- ☐ Unit in a housing co-operative

Address of home rented out

Amount of rent: EUR _____ per month.

Amount of maintenance charge: EUR _____ per month.

Amount of water charge: EUR _____ per month.

Other costs deducted from rental income

Spouse/partner

- ☐ No ☐ Yes. Specify the source of the rental income.

- ☐ Unit in a housing co-operative

Address of home rented out

Amount of rent: EUR _____ per month.

Amount of maintenance charge: EUR _____ per month.

Amount of water charge: EUR _____ per month.

Other costs deducted from rental income

- ☐ Single-family home

Address of home rented out

Amount of rent: EUR _____ per month.

- ☐ Income from ground rent

Amount of rent: EUR _____ per month.

- ☐ Single-family home

Address of home rented out

Amount of rent: EUR _____ per month.

- ☐ Income from ground rent

Amount of rent: EUR _____ per month.



f. Dividend or interest income

- i** If the capital income amounts to less than EUR 20 per person per month, the income need not be reported.
If the dividend income or interest income has changed significantly, i.e. by at least 10%, compared to the latest finalised tax assessment, state the changed income amount.

Claimant

Spouse/partner

- ☐ Yes
☐ This income according to latest confirmed tax information.
☐ This income has changed.

- ☐ Yes
☐ This income according to latest confirmed tax information.
☐ This income has changed.

☐ Amount of income: EUR _____ per year.
☐ No

☐ Amount of income: EUR _____ per year.
☐ No

g. Other continuous income

Other continuous income includes for instance profit on sale of assets, meeting and conference honoraria, income and benefits from abroad, income from an estate.

Claimant

Spouse/partner

- ☐ Yes. Enclose details.
☐ No

- ☐ Yes. Enclose details.
☐ No

Report what other possible changes in the family's income there will be over the next 12 months.

State any other changes in your family's income circumstances that have occurred over the past year.

7. Children's income

- i** Provide details of the income of the children for whom you claim child home care allowance or private day care allowance. Income that a child may have includes, for instance, child support or rental, dividend and interest income as well as income and benefits from other countries.

Does your child or do your children have any income?

- ☐ No
☐ Yes. The incomes total EUR _____ per month.

What type of income does the child(ren) have? Also indicate the name(s) of the child(ren).

8. Deductions which affect the family's income

- i** Complete this section only if you are applying for care supplement.

Do you or does your spouse/partner pay child support?


Claimant

Spouse/partner

- ☐ Yes. Amount of child support: EUR _____ per month.
☐ No

- ☐ Yes. Amount of child support: EUR _____ per month.
☐ No

9. Enclosures

 Keep any receipts and documents related to your claim because we may request them when necessary.

Section 3. Residence or employment abroad

☐ Benefit decision or other documentation on the parental benefit paid by the foreign institution.

Section 5. Child care details

Private day care allowance

☐ Kela's form WH 2e (Information form – Private day care allowance – Day care provider).

Section 6. Family income

☐ b. Kela's form Y 8 (Liite – Yrittäjän tuloselvitys) and the enclosures stated in the form.

☐ d. Tax report for the agricultural enterprise for the previous tax year, personal pre-completed tax return or final decision of assessment.

☐ g. Details about other income, for instance amount of profit on sale of assets or decision on the amount of grant or scholarship.

☐ g. Documentation on income and benefits from abroad, their amount as well as the name of the paying institution.

Section 7. Children's income


☐ Documentation on income and benefits from abroad, their amount as well as the name of the paying institution.

Other enclosures

☐ Please specify:

☐ I have already sent documents with the following names to Kela:

10. Additional information

 You can provide further details related to the claim in this section or describe upcoming changes that you know about and that will affect the child care allowances. Write the number of the section you are referring to.

☐ Additional information on a separate sheet. Write your name and personal identity code on the sheet.

11. Signature

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

Place and date

Signature and printed name

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

