

APPLICATION FOR SOCIAL REHABILITATION SERVICE

(application for the state to take over the obligation to cover the costs of the social rehabilitation service)

Details of the APPLICANT (the person for whom the application is submitted):

First name			
Surname			
Personal identification code			
Postal address			
	(county, city/municipality)	(street/village, house, and registration no.)	(postcode)
Contact phone			
E-mail address			

Details of the applicant's LEGAL REPRESENTATIVE:

The legal representative is	<input type="checkbox"/>	a parent of a child under 18 years of age	
	<input type="checkbox"/>	guardian	
Name and postal address of the legal entity (if the guardian is a legal entity)			
First name			
Surname			
Personal identification code			
Postal address			
	(county, city/municipality)	(street/village, house, and registration no.)	(postcode)
Contact phone			
E-mail address			

I REQUEST THE STATE TO TAKE OVER THE OBLIGATION OF PAYING THE FEE FOR THE SOCIAL REHABILITATION SERVICE PROVIDED TO ME**The following documents are attached to the application** (mark the correct options with an X):

<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)

I would like to receive the documents and notifications sent to me (mark one option from the list with an X):

<input type="checkbox"/>	By e-mail (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).	<input type="checkbox"/>	Encrypted by e-mail (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).
<input type="checkbox"/>	By post with a simple letter (the document will be sent to the mailbox, the Social Insurance Board cannot guarantee the delivery, security, or confidentiality of the data you send).	<input type="checkbox"/>	By registered mail
<input type="checkbox"/>	In the State Portal www.eesti.ee	<input type="checkbox"/>	In the self-service portal - SKAIS
<input type="checkbox"/> At the customer service point - I will pick it up myself (Write the location, e.g., Rapla)			
<input type="checkbox"/> I would like to be notified when I can come and pick up the decision (Choose one and mark X) <input type="checkbox"/> By e-mail <input type="checkbox"/> By telephone			

By submitting the application, I confirm that the information provided is correct.

I agree that the Social Insurance Board uses my child/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.

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.

<i>(date)</i>	<i>(name)</i>	<i>(signature)</i>