



Wellbeing services county of Central Ostrobothnia Soite

Has arrived:

Request for information

Customer register for social services

Controller: Wellbeing services county of Central Ostrobothnia Soite

You can use this form when you wish to request for individual customer documents concerning yourself from the social services.

According to 12 § in the Act on the Openness of Government Activities (621/1999), everyone has the right of access to a document pertaining to themselves. Unless otherwise provided in an Act, every individual has the right of access to information contained in an official document and pertaining to themselves, subject to the restrictions provided in section 11, subsections 2 and 3.

A note is always made in the customer register when client information is given out.

The person whose information is requested

Name (including any name changes):

Personal identity code:

Choose the social service/services that the request for information concerns:

all services

or

Client guidance and home services

Service housing and institutional care

Respite care

Development clinic and social work within disability services

Housing services within disability services and day activity services

Family centre services

Mental health services and services for substance abusers

Adult social work

Pupil welfare services, school social workers' services

The information that is requested:

Information is requested from the time period:

Delivery address (street address, postal code, municipality):

Phone number:

Further necessary information:

The signature of the person who has requested the information

Date

The signature of the person who has requested the information and name in block letters

Guardian

Power of attorney given by a person of full legal capacity for requesting information

I give the following person power of attorney for requesting the above-mentioned information about me.

Name of the person who has been given power of attorney:

Personal identity code of the person who has been given power of attorney:

Date

The signature of the person who has given the power of attorney and name in block letters

The request is sent to the address

Keski-Pohjanmaan hyvinvointialue Soite

Arkisto

Mariankatu 16 - 20, 67200 Kokkola