



APPLICATION FOR FRIEND CARD

Please answer all the questions
and include a photo of yourself that shows face clearly.
Send application to this address:

**Ystävänkortti Toiminta
Kauppaneliö 13 H 8
60120 SEINÄJOKI**

Yes, I would like to have a friend card.

1. My name is: _____

2. My first language is: _____

3. My social security number is: _____

4. My address is: _____
(Street address, postal code and city)

5. My place of residence is: _____

6. My phone number: _____

7. Additional phone number: _____

Number belongs to mother father assisted living buildings staff
 someone else, who? _____

8. My email address is: _____

9. Additional email: _____

Email belongs to mother father assisted living buildings staff
 someone else, who? _____

10. My diagnosis is intellectual disability autism developmental delay

11. Do you want to get our service providers mailed to you on paper once a year? yes no

(You can also find our service providers on our website:

www.ystavankortti.fi/en/service-providers/)

I give my consent for Ystävänkortti Toiminta to handle the information I have given in my application.
(The card can not be granted if the consent is not given)

PLEASE TICK THE BOX!

Signature

Date

_____/_____.20

