



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
Frami D, Tiedekatu 2
60320 Seinäjoki**

Name: _____

First language: _____

Social security number: _____

Street address: _____

Postal code: _____ City: _____

Place of residence: _____

Phone number: _____

Additional phone number: _____

Number belongs to: _____

E-mail: _____

E-mail belongs to: _____

My diagnosis is: intellectual disability developmental delay

(Developmental delay means delay of intellectual functions.)

Would you like to have a printed list of service providers mailed to you yearly (In Finnish)? (You can also find our service providers on our website: www.ystavankortti.fi/en/service-providers/) yes no

I give my consent for Ystävänkortti Toiminta to handle the information I have given in my application.
(The card cannot be granted if the consent is not given. **PLEASE TICK THE BOX!**)

Signature

Date

_____/_____.20



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