



# GRINDAVÍKURBÆR

UMSÓKN UM ÞJÓNUSTU FYRIR FATLAÐ  
FÓLK

18 ÁRA OG ELDRI / APPLICATION FOR  
SERVICES FOR DISABLED PEOPLE  
18YEARS OLD AND OLDER

EBL 1/2011

Útgáfa 1.0

Dags. útg. 10.2017

Málsnr.:

Date:

## Information about an applicant:

**Name:**

**Kennitala:**

**Address:**

**Phone number:**

**Post number and town:**

**E-mail:**

## Information about family situation

**Spouse name:**

**Kennitala:**

**Marital status:**

## Applying for a following services:

**Almenn liðveisla/ General  
assistance**

**Ráðgjöf/ Consultation**

**Björgin - Geðræktarmiðstöð/  
Psychiatric centre**

**Ferðapjónusta fatlaðs fólks/  
Transportation for people with  
disabilities**

## Anything else that applicant wants to convey:

## Signature of applicant :

Place and date :

Signature: