

Please print.

1. Information about the parent receiving the Family Allowance payment

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	Date of birth year month day
Social Insurance Number	Your mother's family name at birth (last name only)		
Address (number, street, apartment)			
City	Province	Postal Code	
Telephone area code	area code	Extension	
Home	Other		

2. Information about your child

Sex <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given name	Date of birth year month day
2.1 Is your child currently institutionalized or placed? <input type="checkbox"/> Yes <input type="checkbox"/> No 2.2 Has your child been institutionalized or placed in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify the periods: _____ 2.3 Are you receiving or could you receive benefits for personal home assistance for your child from: <ul style="list-style-type: none"> • the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)? <input type="checkbox"/> Yes <input type="checkbox"/> No • the Société de l'assurance automobile du Québec (SAAQ)? <input type="checkbox"/> Yes <input type="checkbox"/> No • the Direction de l'indemnisation des victimes d'actes criminels (IVAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No 			

3. Information about the daycare or school your child attends

Your child attends a <input type="checkbox"/> CPE <input type="checkbox"/> Home daycare <input type="checkbox"/> School	Starting date of attendance year month	Frequency (days/week)
Name of the establishment	Telephone (establishment) area code	
Name of educator/teacher		

4. Changes in your child's health condition

Your child's health condition: has improved has deteriorated has not changed

Write your comments or observations.

8. Your child's assessments and follow-ups (continued)

8.2 Follow-ups with health professionals

If your child has **consulted** a health professional for any of the fields listed below, provide the requested information concerning his or her follow-ups. If your child has not been assessed in a particular field, check the box. If your child has been assessed in a field not listed, provide the information at the bottom of the table.

Enclose copies of any assessment reports in your possession with your application.

Field	Professional's name	Name of the establishment or clinic	Frequency of follow-ups, if applicable	Date of most recent assessment	My child has not been assessed in this field.
Occupational-therapy				year month	<input type="checkbox"/>
Speech-language therapy					<input type="checkbox"/>
Physiotherapy					<input type="checkbox"/>
Psychology (intellectual and adaptive behaviour assessment)					<input type="checkbox"/>
Social work					<input type="checkbox"/>
Special education (rehabilitation centre, CISSS)					<input type="checkbox"/>
Other (specify the field):					

8.3 Upcoming appointments

Will your child undergo any other assessments? Yes No I don't know.

If so, provide the requested information in the table below.

Professional's name	Speciality	Name of the establishment or clinic	Date of appointment
			year month

