Information

Application for the Supplement for Handicapped Children Requiring Exceptional Care

Family Allowance

Information concerning the application

We use the information provided on this form to determine whether your child is eligible for the **Supplement for Handicapped Children Requiring Exceptional Care.**

Before completing the form, please read the information below and **The Supplement for Handicapped Children Requiring Exceptional Care - Understanding the eligibility criteria pamphlet**, available on our website at retraitequebec.gouv.qc.ca.

Preconditions

To be entitled for the Supplement for Handicapped Children Requiring Exceptional Care, your family must be receiving **Family Allowance** and the **Supplement for Handicapped Children** for the child concerned.

If it is not the case, you must file an application for the Family Allowance and/or the Supplement for Handicapped Children. The forms are available on our website. You can send us your applications at the same time for Family Allowance, the Supplement for Handicapped Children and the Supplement for Handicapped Children Requiring Exceptional Care.

How to complete your application

Note that the information already provided on your application for the Supplement for Handicapped Children for your child may be consulted by the health professionals who are studying your application for the Supplement for Handicapped Children Requiring Exceptional Care for the same child.

1. **Complete the enclosed form**.
   Answer all the questions that apply to your child's condition. It is very important to provide us with the information that corresponds to your child's **current situation**.

2. **Complete and sign the *Consent Regarding the Release of Medical, Psychosocial and Education-Related Information*.**
   We need your consent to obtain additional information if necessary.

3. **Enclose all the medical and school documents that you have on hand with the form.**
   In addition to the information provided by the parent who files an application, we take into account all relevant information from medical or paramedical sources (physician, psychologist, speech-language pathologist, occupational therapist, physiotherapist, etc.). Information from the school, daycare, psychosocial workers who know your child well is also considered. Here are a few of the most useful documents:

   - multidisciplinary assessments, assessment and progress reports in psychology, speech therapy, occupational therapy, physiotherapy, psycho-education, etc.;
   - school individual education plan and recent report cards.

   If you have already provided certain documents with your application for the Supplement for Handicapped Children, you do not need to send them to us again.

   If you do not have the documents on hand, we can, with your signed consent, request them from health or educational institutions.

   Enter your **Social Insurance Number** on each document you are sending.

4. **If you receive new information concerning your child's condition while your application is being studied, please send it to us as soon as possible so that we can take it into account.**

Processing your application

We carry out the following processing steps:

- We receive your application and analyze your Family Allowance client file.

If your child is eligible for the Supplement for Handicapped Children or he or she has been eligible for the Supplement in the 11 months preceding the date on which we received your application, these next steps follow:

- We send your file to our team of health professionals, who determine whether your child is eligible for the Supplement for Handicapped Children Requiring Exceptional Care, based on the criteria set out in the *Taxation Act* and its regulation.
- We ask for additional information from health or education professionals who care for your child if it is necessary to render our decision.
- Once we receive the additional information, we continue our medical analysis to determine whether your child is eligible for the Supplement for Handicapped Children Requiring Exceptional Care.
- We then mail you our decision.

Service Statement

On our *Service Statement*, we are committed to replying to an application for the Supplement for Handicapped Children Requiring Exceptional Care within a maximum of 180 days from the moment we receive the completed form.

Can the supplement be paid retroactively?

If your child is eligible for the Supplement for Handicapped Children Requiring Exceptional Care, you could receive a retroactive payment for a **maximum period of 11 months** prior to the date on which we received your application. That is the case only **if your child's condition met the eligibility requirements for the Supplement for Handicapped Children Requiring Exceptional Care during that entire period.** Otherwise, we will determine a date on which he or she became eligible for the Supplement for Handicapped Children Requiring Exceptional Care based on the moment when your child's condition met the requirements. The retroactive period will begin on that date.

Access to documents held by public bodies and the protection of personal information

The personal information collected on this form is necessary to study the application. Failure to provide the information in the mandatory sections may result in a delay or a refusal to process your application. Only authorized personnel will have access to it when necessary to carry out their duties and it is only disclosed to other persons or agencies for verification in cases provided for by law. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it corrected.

For more information

Online

My Account

My connection to Retraite Québec

retraitequebec.gouv.qc.ca/**myaccount**/en

By telephone

Québec area: **418 643-3381**

Montréal area: **514 864-3873**

Toll-free: **1 800 667-9625**

For more information on the Supplements for Handicapped Children or the Supplement for Handicapped Children Requiring Exceptional Care, you can consult our website at retraitequebec.gouv.qc.ca.

Direct deposit: The easy way to receive your payments

Sign up for direct deposit to receive your payments in your bank account. Sign up online at retraitequebec.gouv.qc.ca or contact us.

Send us this form and the documents you can provide at retraitequebec.gouv.qc.ca/send/en or via My Account.
Your application will be processed faster and the postal delay will be eliminated.

If you are unable to use the online service, please mail the form and documents you can provide to:
Retraite Québec, case postale 7777, Québec (Québec) G1K 7T4

0244021 SE

Retraite Québec

Application for the Supplement for Handicapped Children Requiring Exceptional Care

Fully complete **sections 1 and 2.** For the other sections, answer all the questions **that apply to your child's condition.** If you do not have enough space to answer certain questions, provide any additional information on a separate sheet and indicate your Social Insurance Number.

Social Insurance Number of the parent receiving Family Allowance ▶

1. Information about the parent receiving Family Allowance

Sex	Family name	Given name
☐ F ☐ M	Date of birth (year / month / day)	Your mother's family name at birth (last name only)
Address (number, street, apartment)		
City	Province	Postal Code
Telephone — Home (area code)	Other (area code)	Extension

2. Information about your child

Sex	Family name	Given name	Date of birth (year / month / day)
☐ F ☐ M			

2.1 Is your child currently placed or institutionalized? ☐ Yes ☐ No

2.2 Has your child been placed or institutionalized in the last 12 months? ☐ Yes ☐ No

If so, specify the periods: _____

2.3 Are you receiving or could you receive benefits for personal home assistance for your child from:

- the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)? ☐ Yes ☐ No
- the Société de l'assurance automobile du Québec (SAAQ)? ☐ Yes ☐ No
- the Direction de l'indemnisation des victimes d'actes criminels (IVAC)? ☐ Yes ☐ No

3. List of diagnoses

Enter your child's diagnosis or diagnoses.

_____

_____

_____

_____

_____

_____

☐ I do not know.

4. Complex medical care at home potentially admissible in situation B[1] ☐ Does not apply

Yes	No	
Respiratory care		
☐	☐	Your child receives daily **oxygen therapy** at home 24h/24. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋ Type of apparatus: _____
☐	☐	Weaning started.
☐	☐	Your child is under **mechanical ventilation** at home. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋ Type of apparatus: ☐ CPAP ☐ BiPAP ☐ Other: _____ Frequency of use: ☐ Daily Number of hours a day: _____ ☐ Other: _____
☐	☐	Weaning started.
☐	☐	Your child has a **tracheostomy/tracheotomy.** Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋
☐	☐	Weaning started. (IMPORTANT: If associated mechanical ventilation, also complete the section above.)
Cardiac care		
☐	☐	Your child receives intravenous **inotropes** at home. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋
☐	☐	Your child is under **ventricular assist device** (artificial cardiac pump) at home. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋
Nutritional care		
☐	☐	Your child is fed through **a jejunal tube** at home. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋ ☐ NJT (nasojejunal tube) ☐ Gastrojejunostomy ☐ Jejunostomy ** Please note that care related to a nasogastric tube or to gastrostomy is not medical care that corresponds to the eligibility requirements in situation B.*
☐	☐	Weaning started.
☐	☐	Your child is fed by **parenteral nutrition** (intravenous hyperalimentation) at home. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋
☐	☐	Weaning started.
Renal care		
☐	☐	Your child is under **peritoneal dialysis** at home. Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋
Complex skin care		
☐	☐	Your child receives daily skin care for **extreme and extended dermatology conditions, high risk areas for pressure sores, synechiae (scar adhesions) or retractions.** Since when <u>at home</u>: year ⌊ ⌋ month ⌊ ⌋ Specify (type of care, frequency and duration of care, complications, etc.):

[1] See the pamphlet mentioned above.

5. Other care

Yes	No	
☐	☐	Your child receives other medical care than what is shown in the previous table. (examples: intravenous medication infusion other than inotropes, gastric feeding tubes via gastrostomy or naso-gastric tube, non-continuous oxygen therapy) Specify:

6. Medication

☐ **See recent application for the Supplement for Handicapped Children.** Check the box if you completed an application for the Supplement for Handicapped Children in the last 12 months and your child is still taking the same medication. In that case, you do not need to complete **section 6.1**. If your child is taking new medication, please enter the names in the table below.

6.1 Your child takes **medication** on a regular basis.

☐ Yes ☐ No

If so, please complete the following table or enclose a list of all medications purchased for your child at a pharmacy in the last 12 months with this form.

Name of the medication or medications purchased for your child	Approximate starting date of treatment
	year month
	year month
	year month
	year month
	year month
	year month
	year month
	year month
	year month

6.2 Enter the name, telephone number and address of the pharmacy if your child has taken medication in the last 12 months:

Name of your child's pharmacy	
Address	Telephone area code

7. Information about your child's limitations with regard to accomplishing his or her life habits

Child's age when completing this section: _____ years _____ months

This section allows us to obtain information on your **child's current functioning in the home environment**. Only the abilities normally developed in a healthy child based on his or her age are taken into account in the analysis of your child's limitations.

Steps to take

Indicate whether your child has difficulties carrying out the life habits described in sections 7.1 to 7.7 **for his or her age** by checking **Yes, No** or **I do not know.**

- **If you check Yes,** describe what your child is unable to do, or the difficulties encountered. Also, specify the type of help he or she needs to carry out the life habit in question, despite the difficulties encountered.
- **If you check No,** proceed to the next life habit.
- **If you check I do not know,** we encourage you to describe what you think the difficulties are. Also, specify the type of help your child needs to carry out the life habit in question despite the difficulties encountered.
- **If you can enclose recent documents to your application,** check the Enclosed documents box for the life habit in question. The documents may already contain all the information you wish to share with us about your child's current functioning in his or her home environment. You can enter additional information about your child's difficulties in the space provided. **Important:** If the enclosed documents are more than 12 months old and your child's functioning has changed, please describe the difficulties your child is currently experiencing.
- **If your application for the Supplement for Handicapped Children has been completed in the last 12 months and your child's situation has not changed since that time,** you can check the See recent application for the Supplement for Handicapped Children box for the life habit in question. In this case, you do not need to enter additional information for that life habit. **Important:** if your child's situation has changed since you have provided us with information, please describe the difficulties your child is currently experiencing.

7.1 Nutrition

- Breastfeeding or drinking from a baby bottle, a sippy cup or straw, a bottle, a mug or a glass.
- Eating enough food to ensure his or her growth.
- Swallowing liquids and foods of different textures and consistencies without severe choking or aspiration pneumonia.
- Bringing food to the mouth with his or her fingers.
- Using different utensils (your child's ability to use them is what will be taken into account, not his or her preference to do so).
- Opening containers, having a snack or helping prepare a simple meal (bowl of cereal or sandwich).
- Using a toaster, microwave and other kitchen tools.

Your child has difficulties regarding nutrition. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

_____

_____

_____

_____

_____

_____

_____

_____

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_____

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

7. Information about your child's limitations with regard to accomplishing his or her life habits (continued)

7.2 Personal care

- Dressing and undressing himself or herself (upper and lower body).
- Ensuring personal hygiene (washing hands and face, bathing or showering, brushing teeth, caring for hair, etc.).
- Acquiring bladder and bowel control. Using a toilet.
- Using sanitary napkins or other menstrual hygiene products appropriately.
- Participating in health care and following treatment instructions.

Your child has difficulties regarding personal care. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

7.3 Mobility

- All aspects of your child's overall motor development based on his or her age are taken into consideration, including:
  - lifting his or her head;
  - turning onto his or her back when on his or her stomach and vice versa;
  - assuming and maintaining a sitting position;
  - crawling;
  - rising from the floor or a chair;
  - standing;
  - moving from one position to another;
  - walking;
  - using stairs.

Your child has difficulties regarding mobility. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

7. Information about your child's limitations with regard to accomplishing his or her life habits (continued)

7.3 Mobility (continued)

Your child uses technical aids to move about, for positioning or to carry out transfers
(orthoses, prostheses, walker, wheelchair, standing frame, etc.). ☐ **Yes** ☐ **No**

Types of technical aids: _____

In which situations and how many times a day does your child use technical aids?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

7.4 Communication

- Seeing and hearing.
- Being attentive to verbal messages.
- Understanding and using gestures.
- Understanding pictograms (images) and using them to communicate.
- Understanding verbal instructions (simple and complex).
- Expressing himself or herself verbally using words and phrases.
- Expressing himself or herself in a way that others can understand.
- Speaking to communicate with another person (greet, name, comment, ask, protest, answer, question, tell, explain, argue, discuss, etc.).

Your child has difficulties regarding communication. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

_____

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_____

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

More than one language is used at home. ☐ **Yes** ☐ **No**

List the languages used and indicate the approximate percentage of exposure to each language:

_____ (_____%) _____ (_____%) _____ (_____%)

7. Information about your child's limitations with regard to accomplishing his or her life habits (continued)

7.5 Interpersonal relationships

- Connecting with others.
- Sharing interests with others.
- Showing interest in others.
- Taking into account what others say.
- Maintaining affective relationships with his or her family (parents, brothers and sisters).
- Building and maintaining bonds with other children.
- Participating in group activities and working in teams.
- Maintaining relationships with adults other than his or her parents.
- Adapting his or her behavior in relationships with others (respect authority, avoid aggressive and disrespectful behavior, etc.).
- Complying with social conventions (greeting, using appropriate language, respecting the rules in different contexts, respecting others' personal space, etc.).

Your child has difficulties regarding interpersonal relationships. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

7.6 Responsibilities

- Having the ability to adapt to different environments.
- Memorizing information to use in everyday life (basic personal information, simple instructions, steps in routines, routes between familiar places, etc.).
- Understanding and respecting rules and safety instructions.
- Collaborating in activities and tasks expected of him or her, according to his or her age and environment.
- Developing his or her autonomy in daily routines, tasks and activities.
- Being able to ask for help when necessary.
- Controlling his or her behavior and not endangering others or himself or herself.
- Solving everyday problems (react to unexpected situations, try out solutions when facing difficulties, etc.).
- Staying alone for short periods of time.
- Recognizing the value of money, making small purchases, etc.

Your child has difficulties regarding responsibilities. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

7. Information about your child's limitations with regard to accomplishing his or her life habits (continued)

7.7 Education

- Being able to interact with his or her environment (exploration, appropriate use of toys and objects).
- Developing play skills (block games, puzzles, playing make-believe, board games, etc.).
- Developing preschool skills (drawing, cutting, crafts, knowledge of colors and shapes, etc.).
- Learning school notions (reading, writing, calculating, etc.).

Your child has difficulties regarding education. ☐ **Yes** ☐ **No** ☐ **I do not know**

- **If so**, please describe the current difficulties your child is experiencing:

☐ Enclosed documents. **Must be checked** if you are enclosing documents with your application that already describe the difficulties your child is currently experiencing. You can also use the space above if you want to add additional information.

☐ See recent application for the Supplement for Handicapped Children. **Must be checked** if your application for the Supplement for Handicapped Children was completed in the last 12 months and your child's situation has not changed since that time. You can also use the space above if you would like to add additional information.

The child attends a	Starting day of attendance	Frequency (days/week)
☐ CPE ☐ Home daycare ☐ School	year month	

Name of the institution currently attended or most recently attended	Telephone (institution) area code

End date of attendance (if applicable)
year month day

Your child is **home-schooled.** ☐ **Yes** ☐ **No**

- **If so**, please specify why:

- **If so**, your child's level of learning achievements: Reading: _____ ☐ I do not know

Mathematics: _____ ☐ I do not know

If your child his home-schooled, please send us a copy of his or her home-school portfolio or another document that attests to his or her progress.

8. Your child's assessments and follow-up appointments

The information contained in this section allows us to assess your child's condition. Furthermore, the information also indicates where **we can request copies of the documents** needed to study your application.

☐ **See recent application for the Supplement for Handicapped Children.** Check the box if you completed an application for the Supplement for Handicapped Children in the last 12 months and your child has not undergone any other assessments or had any follow-up appointments since then. In that case, you do not need to complete **sections 8.1, 8.2 or 8.3**. You must only complete these sections if you have new information to provide us.

8.1 Assessments and follow-ups carried out by physicians

Complete the following table to the best of your knowledge. If necessary, refer to the examples in the lists below.

Examples of medical specialties			**Frequency of appointments**	
▪ Allergology/Immunology ▪ Cardiology ▪ Surgery ▪ Dermatology ▪ Endocrinology ▪ Gastroenterology ▪ Genetics ▪ Hematology/Oncology	▪ Metabolic diseases ▪ Family medicine ▪ Neonatology ▪ Nephrology ▪ Neurosurgery ▪ Neurology ▪ Ophthalmology ▪ Otorhinolaryngology (ORL)	▪ Orthopedics ▪ Pediatrics ▪ Child psychiatry ▪ Physiatry ▪ Pneumology ▪ Rheumatology ▪ Palliative care ▪ Urology	▪ More than once a week ▪ Each week ▪ Every 2 weeks ▪ Each month ▪ Every 2 months	▪ Every 3 months ▪ Every 4 months ▪ Every 6 months ▪ Once a year ▪ Less than once a year

Medical appointment locations If you do not know the names of the clinics or institutions where your child is being treated, enter the full names of the physicians in the column below.	**Specialty of physicians treating your child at this location**	**Approximate frequency of appointments with the physicians in the past year**
		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)

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

8.2 Other assessments and follow-ups carried out

Complete the following table to the best of your knowledge. If necessary, refer to the examples in the lists below.

Examples of healthcare professionals and practitioners			Frequency of appointments	
▪ Audiologist ▪ Dietician/Nutritionist ▪ Special education worker	▪ Occupational therapist ▪ Nurse ▪ Optometrist ▪ Speech-language pathologist	▪ Physiotherapist ▪ Psychoeducator ▪ Psychologist/ Neuropsychologist ▪ Social worker	▪ More than once a week ▪ Each week ▪ Every 2 weeks ▪ Each month ▪ Every 2 months	▪ Every 3 months ▪ Every 4 months ▪ Every 6 months ▪ Once a year ▪ Less than once a year

Appointment locations If you do not know the names of the clinics or institutions where your child is being treated, enter the full names of the healthcare professionals and practitioners you met in the column below.	**Healthcare professional and practitioner treating your child at this location**	**Approximate frequency of appointments with the healthcare professionals and practitioners**
		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)
☐ Same location as above		Frequency: _____ ☐ Follow-up ended on: year month (Approximate end date)

8.3 Upcoming or scheduled assessments

Are other assessments scheduled for your child **with new physicians or other healthcare professionals and practitioners who have never carried out an assessment before?** ☐ Yes ☐ No ☐ I do not know

If so, complete the following table to the best of your knowledge.

Name of the clinic or institution attended (if known)	Type of physician, professional, practitioner or team	Approximate appointment date
		year month ☐ Upcoming/I do not know
		year month ☐ Upcoming/I do not know
		year month ☐ Upcoming/I do not know

9. Hospitalizations

☐ **See recent application for the Supplement for Handicapped Children.** Check the box if you completed an application for the Supplement for Handicapped Children in the last 12 months and your child has not been hospitalized since then. In that case, you do not need to complete **section 9**. You must only complete the section if you have new information to provide us.

Your child has been hospitalized for more than 48 consecutive hours in the last 12 months. ☐ Yes ☐ No

If so, please provide, to the best of your knowledge, the information requested in the following table:

Date of hospitalization	Name of the institution (here or abroad)	Reason for hospitalization	Approximate duration (in days)
year month day			
year month day			
year month day			

10. Declaration

By sending this form, I declare that the information provided is complete and corresponds to my child's current profile.

I completed this form on year month day as the:

☐ Mother ☐ Father ☐ Guardian ☐ Other. Specify: _____

11. Consent to send documents to the local community services centre (CLSC)

If your application for the Supplement for Handicapped Children Requiring Exceptional Care is accepted and you would like to receive home care services, Retraite Québec can forward documents concerning your child's situation to the CLSC in your area, in order to assess his or her eligibility for home care services.

To allow the CLSC to begin its assessment, we will send the relevant documents we have, among the following:

- Application for the Supplement for Handicapped Children;
- Application for the Supplement for Handicapped Children Requiring Exceptional Care;
- Retraite Québec's Professional Assessment Report, which confirms your child's eligibility to the Supplement for Handicapped Children Requiring Exceptional Care;
- Functional-Independence Report;
- Educational Achievement Report;
- Application for Review (Supplement for Handicapped Children Requiring Exceptional Care).

☐ **Yes, I hereby consent that Retraite Québec forwards the documents mentioned above to the CLSC in my area so that they can begin assessing my child's eligibility for home care services.**

Your consent is valid as of the date on which we receive your application for the Supplement for Handicapped Children Requiring Exceptional Care. Unless revoked by you in writing, it remains valid until the documents are sent to the CLSC.

For more information, contact the CLSC in your area closest to you. You can consult the Gouvernement du Québec's Répertoire des ressources en santé et services sociaux at **https://sante.gouv.qc.ca/en/repertoire-ressources/clsc/**.

For your application to be processed more easily

- Be sure to complete and sign the application for the Supplement for Handicapped Children Requiring Exceptional Care and the Consent Regarding the Release of Medical, Psychosocial and Education-Related Information, and return them to us as soon as possible.
- Enclose all the relevant medical and educational documents you can provide with this form.
- Write your Social Insurance Number on all the documents.

Send us this form and the documents you can provide online at retraitequebec.gouv.qc.ca/send/en or via My Account.
Your application will be processed faster, and the postal delay will be eliminated.

If you are unable to use the online service, please mail us the form and documents you can provide to the following address:
Retraite Québec, case postale 7777, Québec (Québec) G1K 7T4

0244023 CO

Retraite Québec

Consent Regarding the Release of Medical, Psychosocial and Education-Related Information

IMPORTANT: This consent form must be signed, dated and fully completed.

This form aims to allow Retraite Québec to obtain the documents or information necessary for the assessment of your application for the Supplement for Handicapped Children or the Supplement for Handicapped Children Requiring Exceptional Care directly from the persons and establishments indicated in section 3. By giving your consent to Retraite Québec, you avoid having to gather the documents and send them to us yourself. If necessary, Retraite Québec may still request your cooperation, particularly if additional information is required.

Social Insurance Number **of the person receiving Family Allowance**

1. Information about the person with parental authority (mother, father or guardian)

Sex ☐ F ☐ M

Family name

Given name

Date of Birth (year / month / day)

Address (number, street, apartment)

City

Province

Postal Code

Telephone (area code)

Other (area code)

Extension

2. Information about your child

Sex ☐ F ☐ M

Family name

Given name

Date of Birth (year / month / day)

Health insurance number

3. Consent and signature of the person with parental authority

I hereby authorize the following persons and establishments to release to Retraite Québec any relevant medical, psychosocial or education-related information concerning my child so that Retraite Québec may have all the information required to process my Application for the Supplement for Handicapped Children or Application for the Supplement for Handicapped Children Requiring Exceptional Care:

- any physician or health professional;
- any health or social services institution;
- any educational institution or daycare.

Unless revoked by me in writing, this consent shall be in effect, even in the event of my death, until the parties have exhausted their recourses. The consent covers the information already entered in my child's file and the information that will be added to it until the end of the decision-making process.

Signature _____ Date (year / month / day)

What is your relationship to the child? ☐ Mother ☐ Father ☐ Guardian

Access to documents held by public bodies and the protection of personal information

The personal information collected in this consent form is necessary for it to be valid. Failure to provide the requested information may result in a delay or render the consent to be invalid. Pursuant to the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult your personal information and have it corrected.