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| Logo CISSS LAU | |  | |
|  | Direction des programmes en déficiences et de la réadaptation physique | |

MATERIAL ASSISTANCE PROGRAM

TRANSPORTATION-ACCOMMODATION

APPLICATION FORM

**1. Identification of the patient**

Health insurance number:  Date of birth: 

Last name at birth:  First name:  Sex: 

Address:  City: 

Postal code:  Telephone: 

**2. Identification of patient’s guardian** (if a child under 18)

Last name:  First name: 

Relationship: Father  Mother  Other  details: 

Address (if different):  Tel.: 

**3. Diagnosis identification**

Name corresponding to the diagnosis: 

Born with  Due to illness  Type:  Date: 

Caused by a work accident  or road accident  Date: 

Other  specify:  Date: 

**4. Your income source**

(If a child under 18, use the guardian’s income source.)

Job title  Employer’s name: 

Social assistance  Disability benefits  Personal insurance benefits

Old Age Security or Québec Pension Plan  Other  specify: 

* I declare that the information provided is complete and true.

I undertake to notify the Centre intégré de santé et de services sociaux des Laurentides without delay of any change in my physical or financial situation that would render inaccurate the information I have provided in this application.

Date: 

Signature of the applicant or guardian d m y

*Please include the Intervention Plan as well as a confirmation of the diagnosis with this application.*

Programme Transport-Hébergement

Direction des programmes en déficiences et de la réadaptation physique

Madame Véronique Labelle

Email: Transport.Hebergement.cissslau@ssss.gouv.qc.ca

500 Boulevard des Laurentides, Suite 1450, Saint-Jérôme, Québec, J7Z 4M2

Tel.: 450-432-2777 / 1-866-963-2777, ext. 70807