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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

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