



Reserved for administration  
 Date: \_\_\_\_\_  
 Ordre d'entrée: \_\_\_\_\_  
 No membre: \_\_\_\_\_

## 2019-20 FINANCIAL ASSISTANCE REQUEST

Name of participant: \_\_\_\_\_ Age of participant: \_\_\_\_\_

Living situation (with parents, residence...): \_\_\_\_\_

Check which type of respite: Répit estival (RE)  Répit/s scolaire/s (RS)

Indicate the dates of the sojourn/s for which this request is made: \_\_\_\_\_  
 \_\_\_\_\_

Amount requested: \_\_\_\_\_

### Persons responsables

Parent  Guardian  Curator

Other :

Parent  Guardian  Curator

Other :

#### Person 1

Name: \_\_\_\_\_  
 Adres: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Family status: (circle the corresponding number)

- 1- Married or Commonlaw
- 2- Single
- 3- Single parent
- 4- Seperated/Divorced
- 5- Widow/Widower

#### Person 2

Name: \_\_\_\_\_  
 Adress: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Family status: (circle the corresponding number)

- 1- Married or Commonlaw
- 2- Single
- 3- Single parent
- 4- Seperated/Divorced
- 5- Widow/Widower

### Dependent children

|   | Name | Date of birth | Age | Schooling |
|---|------|---------------|-----|-----------|
| 1 |      |               |     |           |
| 2 |      |               |     |           |
| 3 |      |               |     |           |
| 4 |      |               |     |           |
| 5 |      |               |     |           |
| 6 |      |               |     |           |

How many people on the autism spectrum are living at home ? \_\_\_\_

## Gross annual income (before taxes)

Don't forget to include your proof of income!\*

| <b>PERSON 1</b><br>Parent / Guardian / curator / other | <b>PERSON 2</b><br>Parent / Guardian / curator / other | <b>ANNUAL TOTAL</b> |
|--|--|---------------------|
| \$   | \$   | \$                  |

## Organizations that grant you a financial support for the summer respite

| <b>Organizations</b>                                       | <b>Amount</b> |
|--|---------------|
| CSSS (Centre de Santé et de Services sociaux)              | \$            |
| CRDITED (Réadaptation en déficience intellectuelle et TED) | \$            |
| Social Clubs (specify)                                     | \$            |
| Fondations (specify)                                       | \$            |
| Others (specify)   | \$            |
| <b>TOTAL</b>   | \$            |

## Other information

Name of social worker : \_\_\_\_\_  
 Name of the organization : \_\_\_\_\_  
 Telephone number : \_\_\_\_\_

Each year, Emergo Respite receives donations and grants to facilitate access to its services. We redistribute these funds in the form of partial or total financial assistance to low-income families who request it, depending on available funding and the number of eligible families. Financial assistance is given in priority to families with autistic person or with ASD living at home.

**\*In addition to the financial aid application form, you must include the following document:**  
**NOTICE OF ASSESSMENT issued in 2018 by Revenue Quebec or Revenue Canada for both parents**