



Reserved for administration
 Date: _____
 Order received: _____
 Member No: _____

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
NOTICE OF ASSESSMENT!*

PERSON 1 Parent / Guardian / curator / other	PERSON 2 Parent / Guardian / curator / other	ANNUAL TOTAL
\$	\$	\$

Organizations that grant you a financial support for the summer respite

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

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 by Revenue Quebec or Revenue Canada for both parents