Application for the Supplement for Handicapped Children

Family Allowance

The Supplement for Handicapped Children is financial assistance granted for a child under age 18 who has an **impairment** or a **mental function disability** that substantially limits his or her life habits for a foreseeable period of at least one year. To receive the supplement, you must be receiving Family Allowance payments for that child.

What is an impairment?

It is the persistent histological, anatomical or metabolic alteration of one of the body's organic systems or the persistent alteration of a corresponding physiological function.

What is a mental function disability?

A mental function disability causes persistent, clinically significant disturbances affecting cognition, language, behaviour and the regulation of emotions that hinder or delay the integration of experiences and learning, or compromises the child's adaptation.

What are life habits?

Life habits are those that a child should be able to carry out **at his or her age** with respect to personal care and social life. The life habits that are taken into consideration when analyzing applications are:

- nutrition;
- personal care;
- moving about;
- communication;
- interpersonal relations;
- responsibilities;
- education.

How do we determine whether a child meets the eligibility requirements?

Our team of health professionals determines whether a child meets the requirements by looking at certain criteria. If the child's condition does not meet the criteria, it is assessed based on the severity of the child's limitations with regard to life habits for the child's age, for a foreseeable period of at least one year. When the limitations are assessed, the disabilities that result from the impairment or the mental function disability are taken into account. The effect of facilitators or obstacles in the child's environment on his or her ability to carry out life habits is also taken into account.

A diagnosis of an impairment or mental function disability alone cannot be used to determine the severity of the limitations and whether the child is eligible for the supplement for handicapped children.

Can a retroactive payment be made?

If your child is eligible for the Supplement for Handicapped Children, a retroactive payment can be made for the 11-month period preceding the month in which we receive your application, provided your child meets the eligibility criteria during that period.

How to file your application

1. Answer all the questions in the Parent's section and send it to us quickly **without waiting for the Professional's section or the Educational report to be completed**. The date on which we receive the Parent's section of your application could affect the starting date of your payments.
2. Complete section 1 of the Educational report, if your child attends school or daycare. Section 2 must be completed by your child's educator or teacher.

1. For purposes of simplification, the term "parent" is used in this form to identify the person (or that person's spouse) who is responsible for the child's care and education and who lives with the child.

3. Complete section 1 of the Professional's section. Section 2 must be completed by the professional who is most familiar with your child's condition. You may be charged fees, which will be at your expense.

4. Return the Educational report, if your child attends school or daycare, the Professional's section, as well as the documents requested in the table on pages 3 and 4, based on your child's disability.

5. Indicate your Social Insurance Number on each of the documents and send them to us at: www.retraitequebec.gouv.qc.ca.

New information

If you receive new information concerning your child's condition, please send it to us **as soon as possible**. We will take it into account when studying your file.

Supplement for Handicapped Children Requiring Exceptional Care

Does your child have a condition requiring **complex medical care at home** or have **multiple serious handicaps**? Do the handicaps or the condition prevent your child from accomplishing the life habits of a child of his or her age without assistance? If so, he or she could also be eligible for the Supplement for Handicapped Children Requiring Exceptional Care. For information on this supplement, refer to our website.

Protection of personal information

The personal information collected on this form is needed to study your application. **Failure to provide this information may result in a delay or a refusal to process your application**. Only authorized employees have access to the information and it is only disclosed to other persons or agencies for verification in cases provided for by law. It can also be used for research, assessment, analysis or survey purposes. The *Act respecting Access to documents held by public bodies and the Protection of personal information* allows you to consult your personal information and have it corrected.

For more information

Online

My Account

Access your file **24/7**

www.retraitequebec.gouv.qc.ca

By telephone

Québec region: **418 643-3381**
Montréal region: **514 864-3873**
Toll-free: **1 800 667-9625**

For further information about the program, refer to the folder entitled *If your child is handicapped or has a serious illness*, available on our website.

Direct deposit:
The easy way to receive your payments

If you have not already done so, sign up for direct deposit to receive your payments directly in your bank account. Sign up online at **www.retraitequebec.gouv.qc.ca** or contact us.

Documents to be provided by the parent

Impairments	
Category	**Documents you must provide**
Vision	▪ optometry and ophthalmology follow-up notes for the last 12 months ▪ occupational therapy evaluation (low vision), if your child has been evaluated
Hearing	▪ audiology assessment reports for the last 12 months, including the audiogram and patient history ▪ speech-language pathology assessment report, if your child has been evaluated ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher
Musculoskeletal system	▪ recent occupational therapy assessment report, if your child has been evaluated ▪ recent physiotherapy assessment report, if your child has been evaluated ▪ recent psychology assessment report, if any ▪ in the case of arthritis: medical progress notes for the last 12 months
Respiratory function	▪ detailed list of all medication prescribed for your child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ medical file concerning the respiratory problem for the last year, including respiratory medicine consultations, emergency room visits and hospitalization summary sheets, if any
Cardiovascular function	▪ documents requested by our professionals on a case-by-case basis
Nervous system abnormalities	▪ initial neurology, psychology and child psychiatry assessment reports, if any ▪ medical follow-up for the last 12 months ▪ detailed list of all medication prescribed for your child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher
Nutrition and digestion	▪ medical follow-up for the last 12 months ▪ for cases of celiac disease: biopsy report and copies of laboratory test results
Renal and urinary function	▪ documents requested by our professionals on a case-by-case basis
Metabolic or hereditary abnormalities	▪ for cases of cystic fibrosis: detailed list of all medication prescribed for your child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ medical follow-up for the last year from a clinic that specializes in cystic fibrosis or respiratory medicine and copies of documents related to emergency room visits and hospitalization summary sheets, if any
Immune system abnormalities and neoplasia	▪ detailed list of all medication prescribed for your child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ immune-allergy follow-up for the last two years, including the results of any allergy tests during that period and their interpretation ▪ rheumatology follow-up for the last 12 months and the results of any recent laboratory tests, if the child has an auto-immune disorder
Congenital malformations and chromosomal abnormalities	▪ results of karyotyping ▪ for cases where development is affected: the requested documents for the applicable category in the **Mental function disabilities** section (see below)

Mental function disabilities	
Category	**Documents you must provide**
Global developmental delay	▪ depending on the specialists consulted, the most recent occupational therapy, physiotherapy, speech therapy or psychology assessment report ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher
Intellectual impairment	▪ most recent intellectual evaluation report ▪ adaptive behaviour assessment report, if any ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher ▪ most recent individual education plan and report card
Autism spectrum disorder (ASD)	▪ **complete** assessment report that led to the diagnosis of ASD ▪ depending on the specialists consulted, the most recent psychology, child psychiatry, speech-language pathology, occupational therapy and physiotherapy assessment reports ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher ▪ most recent individual education plan and report card
Language disorders	▪ recent and complete speech-language therapy assessment report, including the patient history ▪ speech-language therapy progress notes, if any ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher ▪ most recent individual education plan and report card
Serious behavioural disorders	▪ copies of follow-up notes concerning behavioural disorders for the last 12 months ▪ most recent child psychiatry, psychology or psychoeducation assessment report, if the child has been assessed ▪ detailed list of all medication prescribed for your child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher ▪ most recent individual education plan and report card
Psychopathological disorders (for example: major depression, psychoses, severe anxiety disorders)	▪ most recent psychology or child psychiatry assessment report, if your child has been assessed ▪ copies of follow-up notes concerning psychopathological disorders for the last 12 months ▪ detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ enclosed Educational Achievement Report, completed by your child's daycare educator or teacher ▪ most recent individual education plan and report card

Retraite Québec

Application for the Supplement for Handicapped Children

Parent's part

Social Insurance Number of the parent receiving the Family Allowance ▶

1. Information about the parent receiving the Family Allowance

Sex ☐ F ☐ M

Family name

Given name

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 ☐ F ☐ M

Family name

Given name

Date of birth (year / month / day)

The child lives: ☐ with his or her family ☐ in a youth centre ☐ with a foster family ☐ Other. Please specify: _____

Provide the name and telephone number of the social worker who is responsible for your child's file. ☐ Does not apply

Name

Telephone (area code)

Extension

3. Information about your child's limitations with regard to accomplishing life habits

Describe the difficulties that prevent your child from accomplishing the life habits of a child the same age in an autonomous manner:

- **Nutrition** (Habits related to eating meals, including the use of implements for eating and drinking)

_____

_____

_____

- **Personal care** (Habits related to cleanliness, excretal hygiene, clothing and use of medication)

_____

_____

_____

- **Moving about** (Habits related to moving short or long distances both inside and outside, and the use of technical aids)

_____

_____

_____

3. Information about your child's limitations with regard to accomplishing life habits (continued)

- **Communication** (Habits related to the exchange of information with his or her entourage [family and friends] through speech or language, including comprehension, expressing needs, conversing, hearing and vision)

- **Interpersonal relations** (Habits related to relationships with his or her entourage [family and friends] and the capacity to develop relationships)

- **Responsibilities** (Habits related to assuming responsibilities for his or her age, and in particular, following safety guidelines, behaving in the expected manner and not a manner that is extreme or excessive, solving every day problems and respecting social norms)

- **Education** (Habits related to intellectual development, as well as knowledge acquired at preschool, or at elementary or secondary school)

Note: If you need more space, continue on a separate sheet.

4. Assessments and follow-ups

4.1 Follow-ups with physicians

Provide the information concerning the physician or physicians that your child currently consults.

Physician's name	Physician's specialty	Name of the establishment or clinic	Frequency of follow-ups	Date of most recent appointment
				year month

4. Assessments and follow-ups (continued)

4.2 Follow-ups with health professionals

If your child **has consulted** a health professional for any of the fields listed below, provide the requested information concerning his or her follow-ups. If your child has not been assessed in a particular field, check the box. If your child has been assessed in a field not listed, provide the information at the bottom of the table.

Field	Professional's name	Name of the establishment or clinic	Frequency of follow-ups, if applicable	Date of most recent assessment	My child has not been assessed in this field
Occupational-therapy				year month	☐
Speech-language therapy					☐
Physiotherapy					☐
Psychology (intellectual and adaptive behaviour assessment)					☐
Social work					☐
Special education (rehabilitation centre, CISSS)					☐
Other (specify the field):					

4.3 Upcoming appointments

Will your child undergo any other assessments? ☐ Yes ☐ No ☐ I don't know.

If so, provide the requested information in the table below.

Professional's name	Specialty	Name of the establishment or clinic	Date of appointment
			year month

5. Hospitalizations

Has your child been hospitalized for more than 24 hours in the last 12 months because of the health problem for which you are applying for the Supplement for Handicapped Children? ☐ Yes ☐ No

If so, give the date and approximate duration of the hospitalization:

Date	Name of the establishment or clinic	Reason	Duration
year month			days

6. Declaration

By sending this form, I declare that the information provided is complete and accurate.

I filled this form as: ☐ Mother ☐ Father ☐ Guardian ☐ Other. Specify: _____

Important

To help us process your request, be sure to:

- complete section 1 **of the Educational report**, if your child attends school or daycare, and section 1 of **the Professional's section**;
- indicate your Social Insurance Number on all documents;
- quickly return the Parent's section of this application to us without waiting for the Professional's section or the Educational report to be completed;
- return the Educational report to us, if your child attends school or daycare, and the completed Professional's section, as well as all of the requested documents.

Send us this form and the required documents online at www.retraitequebec.gouv.qc.ca.
Your application will be processed faster and the postal delay will be eliminated.

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

Retraite Québec

Educational Achievement Report (School or Daycare)

SECTION 1 To be completed by the parent

Social Insurance Number of the parent receiving the Family Allowance

1.1 Information about your child

Family name	Given name	Date of birth (year / month / day)

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

Name of the establishment	Telephone (establishment) (area code)

Name of the daycare educator/teacher

Languages spoken at the school or daycare (If more than one language is spoken, indicate the percentage of time per day each language is spoken.)

(%) | (%) | (%)

1.2 Consent to release personal information

I hereby give my consent to the professionals involved with my child to release the necessary information to the persons who will assess his or her eligibility for the Supplement for Handicapped Children.

Name _____

Signature _____ Date (year / month / day)

What is your relationship to the child? ☐ Mother ☐ Father ☐ Guardian ☐ Other. Specify: _____

SECTION 2 To be completed by the daycare educator or the teacher

2.1 Personalised services

(for example: psychology, special education, speech-language therapy, psychoeducation, remedial instruction, occupational therapy, physiotherapy)

Service	Frequency (for example: hours/week)	Student/specialist ratio	Date of the last assessment (year / month)

2.2 Acquired knowledge, if the child is of school age (This section is to be completed by the teacher or remedial instructor.)

☐ Regular class ☐ Special class	Student/teacher ratio (for example: 8 students/1 teacher)
Specify the type of special class, if applicable	

Complete the table using the letter code to indicate the level. **B**: Beginning of level **M**: Middle of level **E**: End of level

	Preschool	Cycle One – Elementary		Cycle Two – Elementary		Cycle Three – Elementary		Secondary Indicate the level
		Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	
Reading								
Mathematics								

Is there an **individual education plan**? ☐ Yes ☐ No

2.3 Additional information

Describe the activities the child carries out on a daily basis (for example: getting dressed, communicating, peer relations, behaviour).

If the child is accompanied, explain why.

2.4 Information about the daycare educator or teacher who completed the Educational Achievement Report

Family name	Given name	Position

Telephone (area code) Extension

Signature Date (year / month / day)

Important

To help us process your request:

- complete section 1 of the Educational report;
- make sure the Educational report has been completed correctly by your child's educator or teacher;
- provide your child's most recent report card if he or she attends school;
- provide your child's most recent individual education plan.

Send us this form and the required documents online at www.retraitequebec.gouv.qc.ca.
Your application will be processed faster and the postal delay will be eliminated.

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

Important: Section 1 must be completed by the **parent**.

Application for the Supplement for Handicapped Children

Family Allowance

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How do we determine whether a child meets the eligibility requirements?

Our team of health professionals determines whether a child meets the requirements by looking at certain criteria. If the child's condition does not meet the criteria, it is assessed based on the severity of the child's limitations with regard to life habits for the child's age, for a foreseeable period of at least one year. When the limitations are assessed, the disabilities that result from the impairment or the mental function disability are taken into account. The effect of facilitators or obstacles in the child's environment on his or her ability to carry out life habits is also taken into account.

A diagnosis of an impairment or mental function disability alone cannot be used to determine the severity of the limitations and whether the child is eligible for the supplement for handicapped children.

New information

We ask that the parents send us any new information concerning their child's condition as soon as possible so that we can take it into account when studying the file.

Documents to be provided by the parent

Impairments	
Category	**Documents to be provided by the parent**
Vision	▪ optometry and ophthalmology follow-up notes for the last 12 months ▪ occupational therapy evaluation (low vision), if the child has been evaluated
Hearing	▪ audiology assessment reports for the last 12 months, including the audiogram and patient history ▪ speech-language pathology assessment report, if the child has been evaluated ▪ enclosed Educational Achievement Report, completed by the child's daycare educator or teacher
Musculoskeletal system	▪ recent occupational therapy or physiotherapy assessment report, if the child has been evaluated ▪ recent psychology assessment report, if any ▪ in the case of arthritis: medical progress notes for the last 12 months
Respiratory function	▪ detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ medical file concerning the respiratory problem for the last year, including respiratory medicine consultations, emergency room visits and hospitalization summary sheets, if any
Cardiovascular function	▪ documents requested by our professionals on a case-by-case basis

Impairments (continued)	
Category	**Documents to be provided by the parent**
Nervous system abnormalities	▪ initial neurology, psychology and child psychiatry assessment reports, if any ▪ medical follow-up for the last 12 months ▪ detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ enclosed Educational Achievement Report, completed by the child's daycare educator or teacher
Nutrition and digestion	▪ medical follow-up for the last 12 months ▪ for cases of celiac disease: biopsy report and copies of laboratory test results
Renal and urinary function	▪ documents requested by our professionals on a case-by-case basis
Metabolic or hereditary abnormalities	▪ for cases of cystic fibrosis: detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ medical follow-up for the last year from a clinic that specializes in cystic fibrosis or respiratory medicine and copies of documents related to emergency room visits and hospitalization summary sheets, if any
Immune system abnormalities and neoplasia	▪ detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.** ▪ immune-allergy follow-up for the last two years, including the results of any allergy tests during that period and their interpretation ▪ rheumatology follow-up for the last 12 months and the results of any recent laboratory tests, if the child has an auto-immune disorder
Congenital malformations and chromosomal abnormalities	▪ results of karyotyping ▪ for cases where development is affected: the requested documents for the applicable category in the **Mental function disabilities** section (see below)
Mental function disabilities **The Educational Achievement Report, individual education plan and report card must be provided for each of the following categories.**	
Category	**Documents to be provided by the parent**
Global developmental delay	▪ depending on the specialists consulted, the most recent occupational therapy, physiotherapy, speech therapy or psychology assessment report
Intellectual impairment	▪ most recent intellectual evaluation report ▪ adaptive behaviour assessment report, if any
Autism spectrum disorder (ASD)	▪ **complete** assessment report that led to the diagnosis of ASD ▪ depending on the specialists consulted, the most recent psychology, child psychiatry, speech-language pathology, occupational therapy and physiotherapy assessment reports
Language disorders	▪ recent and complete speech-language therapy assessment report, including the patient history ▪ speech-language therapy progress notes, if any
Serious behavioural disorders	▪ copies of follow-up notes concerning behavioural disorders for the last 12 months ▪ most recent child psychiatry, psychology or psychoeducation assessment report, if the child has been assessed ▪ detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.**
Psychopathological disorders (for example: major depression, psychoses, severe anxiety disorders)	▪ most recent psychology or child psychiatry assessment report, if the child has been assessed ▪ copies of follow-up notes concerning psychopathological disorders for the last 12 months ▪ detailed list of all medication prescribed for the child by a physician (including renewals). **The prescriptions must have been filled at a pharmacy.**

Retraite Québec

Application for the Supplement for Handicapped Children

Professional's part

SECTION 1 To be completed by the parent

Social Insurance Number of the parent receiving the Family Allowance ▶

1.1 Information about the child

Family name	Given name	Date of birth (year / month / day)

1.2 Consent to release personal information

I hereby give my consent to the professionals involved with my child to release the necessary information to the persons who will assess his or her eligibility for a Supplement for Handicapped Children.

Name _____

Signature _____ Date (year / month / day)

What is your relationship to the child? ☐ Mother ☐ Father ☐ Guardian ☐ Other. Specify: _____

SECTION 2 To be completed by the professional

2.1 Diagnosis (to be completed in all cases)

Diagnosis	Date of diagnosis (year / month / day)	Medical work-up began on (year / month / day)

Date of the most recent appointment: (year / month / day)

2.2 Objective elements related to any diagnoses indicated above

Weight and height			Premature birth		
Weight	Height	Measurements taken in (year / month)	Was the child premature? ☐ Yes ☐ No	Weight at birth (kg)	Gestational age (weeks)

Note: If you need more space, continue on a separate sheet.

2.3 Treatments and recommendations (to be completed in all cases)

Give the names of the professionals consulted and indicate their specialty (for example: physician, occupational therapist, psychologist, speech-language pathologist, physiotherapist, psychoeducator, special education technician) as well as the date the assessment began and the current frequency of follow-ups.

Professional's name	Specialty	Since	Frequency of follow-ups
		year month	

Does the child have any upcoming assessments or follow-ups? ☐ Yes ☐ No

If so, describe the assessment or follow-up and, if known, indicate the date (name of the specialist, the specialty and the date of the follow-up appointment or assessment, if known).

Yes	No	
☐	☐	The child has had or will have surgery.

Additional information	Carried out in	Planned (date or age)
	year month	

		The child takes medication on a regular basis (include chemotherapy or radiation therapy).

Since	Name of medication, dose and frequency	Continuous	Periodically	Months/year
year month		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

		The child has been hospitalized or had severe decompensation episodes during the last year.

Additional information	Date	Duration
	year month	days

2.4 Special medical care and apparatuses

☐ Not applicable

Yes	No		Since when (year / month)	Until when (expected) (year / month)
☐	☐	The child must use a wheelchair.		
☐	☐	The child must use a walker.		
☐	☐	The child uses one or more orthotic devices. ☐ During the day ☐ At night		
		If so, indicate the type:		
☐	☐	The child requires oxygenation at home on a daily basis.		
		If so, indicate the number of hours a day: ☐☐		
☐	☐	The child has a surgical stoma.		
		If so, indicate the type:		
☐	☐	The child requires a catheter on a daily basis.		
☐	☐	The child undergoes dialysis in a hospital setting.		

2.5 Complex medical care at home

☐ Not applicable

To be completed if the child requires one of the following types of complex medical care at home.

Yes	No		Since when (year / month)	Until when (expected) (year / month)
☐	☐	Mechanical ventilation using BiPAP		
☐	☐	Tracheostomy **without** invasive mechanical ventilation		
☐	☐	Tracheostomy **with** invasive mechanical ventilation		
☐	☐	Parenteral nutrition (intravenous hyperalimentation)		
☐	☐	Administration of inotropes intravenously		
☐	☐	Peritoneal dialysis		

2.6 Additional information

2.6.1 Epilepsy

☐ Not applicable

Describe the type of seizure (for example: tonic-clonic, partial, absence):

Frequency of seizures: _____ Date of last seizure (year / month) ☐☐☐☐

2.6 Additional information (continued)

2.6.2 Visual impairments

☐ Not applicable

Visual acuity measured simultaneously in both eyes, after correction: _____

Date of exam (year / month / day) _____

☐ Uncertain assessment. Reassess at age _____

Yes	No	
☐	☐	The child is less than 4 years of age and wears contact lenses due to bilateral aphakia. **If so**, since when (year / month) _____
☐	☐	The child uses adapted aids for studying ☐ Specialized manuals ☐ Audio recordings ☐ Magnifying devices ☐ Braille ☐ Other. Specify: _____
☐	☐	The child requires assistance to get around in familiar environments or to go to school. Specify: _____

Other information that could help us assess the child's limitations (for example: specialized services):

_____

_____

_____

2.6.3 Hearing impairment

☐ Not applicable

If the hearing assessment was carried out by any method other than pure-tone audiometry, information on the reliability of the method must be provided.

First assessment carried out in: (year / month / day) _____

by ☐ pure-tone audiometry ☐ another method. Specify: _____

Yes	No	
☐	☐	The child has a single cochlear implant. (year / month / day) **If so**, indicate the date of the surgery: _____
☐	☐	The child has two cochlear implants. (year / month / day) (year / month / day) **If so**, indicate the dates of the surgeries: _____ _____
☐	☐	The child wears hearing aids on a daily basis. **If not**, explain why: _____

Other information not indicated in the report from the speech-language pathologist or audiologist that could help us assess the child's limitations:

_____

_____

_____

2.6 Additional information (continued)

2.6.4 Cardio-respiratory limitations

☐ Not applicable

Yes	No
☐	☐

The child has cardio-respiratory limitations.

The child has signs or symptoms that limit him or her in carrying out life habits when:

☐ Resting ☐ Walking ☐ Climbing stairs ☐ Running

2.6.5 Language disorders

☐ Not applicable

Yes	No
☐	☐

The child lives in a multilingual environment.
If so, please specify the languages and the percentage of time the child is exposed to each language:

- At home: _____ (_____%) _____ (_____%)
- At daycare: _____ (_____%) _____ (_____%)
- At school: _____ (_____%) _____ (_____%)
- Language used for the speech-language assessment: _____

Other information that could help us assess the child's limitations:

_____

_____

_____

2.6.6 Improvement

☐ Not applicable

Yes	No
☐	☐

Do you expect the child's condition to improve?

If so, when? _____

2.7 Signature of the professional

Family name	Given name	Profession

Address (number, street, apartment)	Licence number

City	Province	Postal code

Telephone (area code) _____ Other (area code) _____ Extension _____

Signature _____ Date (year / month / day) _____

Important:

- Be sure all sections of the form have been completed.
- Give the completed form and any documents you are able to provide to the parent.
- The parent is responsible for sending us the duly completed forms and the documents required for the category of handicap.

You can obtain additional information on the Supplement for Handicapped Children:

Online
www.retraitequebec.gouv.qc.ca

By telephone
Québec region: **418 643-3381**
Montréal region: **514 864-3873**
Toll-free: **1 800 667-9625**

The parent must send us this form and the required documents online at www.retraitequebec.gouv.qc.ca.
The application will be processed faster and the postal delay will be eliminated.

If the parent is unable to use the online service, the form and documents must be returned to:
Retraite Québec, case postale 7777, Québec (Québec) G1K 7T4

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