

Note destinée au personnel

Vous devez imprimer le guide et le formulaire et remettre ces documents au demandeur.



Guide

The *Individual and Family Assistance Act* provides for **2 last-resort financial assistance programs**: the Social Solidarity Program and the Social Assistance Program.

The **Social Solidarity Program** is designed for independent adults with a severely limited capacity for employment and families that include one or more adults with this type of limitation. The **Social Assistance Program** is aimed at independent adults and families who are not in this situation.

For more information about these programs, please refer to the Brochure, which is available at your **Services Québec office**, or go to **www.emploiquebec.gouv.qc.ca**.

To obtain last-resort financial assistance, you must file an application using this form and provide any documents and information required to verify your eligibility and determine the amount that could be granted to you. Failure to provide documents or information may lead to the refusal of your application.

The information that you provide on this form will be used for the study of your application for last-resort financial assistance and for the purpose of applying the *Individual and Family Assistance Act*.

If you need additional information in order to complete the application form, please contact the **Centre de communication avec la clientèle at 1-877-767-8773** (toll free).

The Ministère de l'Emploi et de la Solidarité sociale requires the personal information that it gathers in this form in order to carry out its duties and functions. The information is treated confidentially and access is restricted to employees and mandataries who require it to process your application.

You are entitled to be informed about the information concerning you held by the Ministère, to receive such information and to request corrections by contacting the person in charge of access to documents and the protection of personal information.

Once you and your spouse, if any, have completed and signed the application form, please submit it to the nearest **Services Québec office**. If required, we will contact you to arrange an appointment.

Verification and exchanges of information

Verifications when you apply and while receiving assistance

As soon as you file an application for last-resort financial assistance, the Ministère de l'Emploi et de la Solidarité sociale obtains taxation information for the previous year about you and your spouse, if any, from Revenu Québec. It also obtains information about your vehicles from the Société de l'assurance automobile du Québec, in order to check the information that you provided in your application for assistance.

The Ministère may also verify information with public agencies and private organizations, landlords, employers, financial institutions, insurance companies, municipalities, credit bureaus, etc., **at any time, without your consent**.

The Ministère may use certain personal information that it holds within the framework of the Québec Parental Insurance Plan in order to verify your eligibility for measures and programs offered under the *Individual and Family Assistance Act*.

Exchanges of information with other organizations

The Ministère may request to receive personal information (e.g., name and address, amount of benefits, indemnities or income received, value of an immovable) from or provide such information to the Commission des normes, de l'équité, de la santé et de la sécurité du travail, Employment and Social Development Canada, the Canada Revenue Agency, the Ontario Ministry of Community and Social Services, the New Brunswick Department of Social Development, the Ministère de l'Éducation et de l'Enseignement supérieur, the Ministère de la Justice, the Ministère de l'Immigration, de la Diversité et de l'Inclusion, the Ministère des Affaires municipales et de l'Occupation du territoire, the Ministère de la Sécurité publique, the Cree Hunters and Trappers Income Security Board, the Protecteur du citoyen, the Régie de l'assurance maladie du Québec, Retraite Québec, Correctional Service Canada, the Société de l'assurance automobile du Québec and/or the Directeur de l'état civil.

Comparisons of computerized files

Comparisons of computerized files are aimed at identifying recipients of benefits from the Ministère who also receive employment insurance benefits, Québec Parental Insurance Plan benefits, student loans and bursaries, indemnities following an automobile or work accident and pensions.

These comparisons also serve to identify persons who are incarcerated, who are required to reside in a half-way house, or who are attending a secondary-level educational institution in a vocational program or a postsecondary educational institution (college or university).

Comparisons of computerized files with Revenu Québec are carried out to verify income, property and certain information concerning the person's spouse.

In the case of the Directeur de l'état civil, the purpose of such comparisons is to obtain information on marriages and civil unions, dissolutions of marriages and civil unions, and deaths.

In the case of the Canada Revenue Agency, comparisons are carried out in order to adjust the amount of last-resort financial assistance in the light of information concerning the federal government's Canada Child Benefit.

Despite such verifications and comparisons of files, **you are still obliged under the Act to declare your income from all sources** and any changes in your circumstances because they can affect the amount of financial assistance granted to you. However, you are not obliged to declare the child assistance paid to you by Retraite Québec or the Canada Child Benefit received from the federal government (unless the Ministère requests that you declare these amounts).

Please note that if you receive amounts from these agencies or organizations, you may be obliged to repay any benefits you have been granted to which you are not entitled.

A false declaration may lead to legal proceedings.

Note – The information exchanged with other organizations remains confidential and is used only for the above-described purposes.

Complete the white spaces. Please print, using a pen.

Section 1 – Reason for the application

☐ End of the maximum period for participation in Aim for Employment Program

☐ Health problems

☐ Accommodation (hospital for short-term or long-term care, addiction treatment centre)

☐ Other (specify)

Participation ended on

Year

Month

Day

Date de réception

Section 2 – Identification

	Applicant	Spouse
Last and first names <i>according to birth certificate or immigration document.</i>	File number CP-12	File number CP-12
	Last name	Last name
	First name	First name
	Date of birth	Date of birth

Section 3 – Income, property and liquid assets

If you need more space, use a separate sheet.

Do you
(or your spouse or dependent children, if any)
receive

work income (employment, gratuities, self-employment income, income from home childcare)?

Yes

No

income from government agencies (ex.: CNESST, SAAQ), rental income, investments, support payments, QPIP benefits, other income?

Yes

No

income from roomers or boarders?

Yes

No

If Yes,
number of rooms offered for rent:

number of rooms rented:

If more than 2 rooms are rented, you must also complete form SR-2324A.

If Yes, specify:

You

Spouse

Child

Source

Net salary

\$

Per

week

2 weeks

month

You

Spouse

Child

Source

Gross amount

\$

Per

week

2 weeks

month

Information about persons renting the rooms

Number of persons in the room

Last name and first name

Person renting room (roomer) or renting room and board (boarder)?

Room 1

A

roomer

boarder

Cost

\$

Per

week

month

Room 2

C

roomer

boarder

Cost

\$

Per

week

month

Complete this section only if you declared that you are receiving income from roomers or boarders.

Do you
(or a member of your family)

provide

constant care for health reasons to a person occupying one of these rooms?

Yes

No

receive

constant care for health reasons from a person occupying one of these rooms?

Yes

No

If yes, indicate:

Last name and first name of person who is providing the care:

Last name and first name of person receiving the care:

Last name and first name of person who is receiving the care:

Last name and first name of person providing the care:

Ministère de l'Emploi et de la Solidarité sociale

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