



*Please read this guide carefully before completing your application for review.*

## **Where to send your application for review**

Send your application to your **local employment centre (CLE)** or **Services Québec office**.

*In the following text, “CLE” or “Services Québec office” means the centre or office that rendered the decision.*

### **1 What is a review?**

Under the *Individual and Family Assistance Act*, you have the right to request a re-examination of a decision rendered by the Ministère du Travail, de l'Emploi et de la Solidarité sociale. An application for review does not, however, stop the decision from being implemented. For example, if a CLE or Services Québec office decision indicates that the amount of your cheque will be reduced, the reduction will be applied until a new decision is rendered.

Your application for review will be studied on the basis of the facts at the time that the decision you are contesting was ren-

dered. You may provide any pertinent documents to support your application for review. Please remember that you must inform the person in charge of your file about any changes in your situation.

In order to facilitate communication during the review process, the Bureau de révision will send you an acknowledgment of receipt of your application for review and provide you with the contact information for the person who is responsible for processing your application (review officer). It will also inform you about your obligations and any steps you must take.

### **2 Which decisions may be reviewed?**

#### **Social Solidarity Program and Social Assistance Program**

You may apply for a review of any decision rendered under these programs, except for decisions rendered by virtue of the Minister's discretionary power.

#### **Public employment services and measures, other programs**

You may apply for review of a claim for repayment.

#### **Aim for Employment Program**

An application for review can be filed for decisions concerning the benefit amount granted under the Aim for Employment Program, a benefit reduction following a failure to comply, a file cancellation, a claim for repayment, and special benefits.

### **3 Deadline for filing an application for review**

You have **90 days** as of the date you receive a notice of decision to file an application for review. Your application will be refused if it is filed after the 90-day deadline, unless you can show that you were unable to file it earlier for a valid reason or because of

an unforeseeable event beyond your control. If you need help completing your application for review, it is the duty of the personnel of the Ministère du Travail, de l'Emploi et de la Solidarité sociale to provide you with assistance.

### **4 Steps in processing an application for review**

#### **CLE or Services Québec office**

The CLE or Services Québec will check whether the contested decision was rendered correctly, and if they find that your application for review is justified, they can change the decision without delay.

#### **Bureau de révision**

If the situation cannot be settled by the CLE or Services Québec office, your application for review will be studied by the Bureau de révision, which will render a decision.



#### 4 Steps in processing an application for review (cont.)

If the application for review is related to an assessment of your capacity for employment based on health reasons, you may present your observations (generally during a telephone interview) to :

- a committee made up of a physician and a socio-professional specialist, in the case of a severely limited capacity for employment
- a physician, in the case of a temporarily limited capacity for employment.

The committee or physician does not call into question the diagnosis provided by your attending physician in the medical report that you submitted. The role of the committee or physician is to assess your condition and the resulting limitations, and to render a decision in compliance with the *Individual and Family Assistance Act*.

#### 5 Participating in the review process

If you answer “**Yes**” to the question “*If you are not represented, do you wish to provide additional information to the review officer during a telephone interview?*”, you will be invited to contact us. You will have a chance to voice your arguments, submit documents to complete your file and provide any information that you feel is necessary to defend your point of view.

You are entitled to be assisted by a person of your choice or by someone from an organization that you have asked to assist you, or to be represented by a lawyer. If you would like us to

contact the selected person or the person from the selected organization, please indicate it in section 5 of this form. If you are represented by a lawyer, we will communicate with your lawyer.

If you answer “**No**” to the question “*If you are not represented, do you wish to provide additional information to the review officer during a telephone interview?*” the review decision will be rendered on the basis of the information and documents in your file.

#### 6 If a person contests his or her solidary liability for repayment of a debt, will the other solidary debtor be notified of the review decision?

**Yes.** The review officer may contact the other solidary debtor in order to give this person a chance to present his or her observations. The review officer will not, however, contact the other

solidary debtor if the person who files the application for review is contesting his or her solidary liability for a reason related to domestic violence.

#### 7 How is the review decision issued?

You will be mailed a copy of the review decision. A copy will also be sent to your lawyer (if any) or, at your request, to the person or organization that assisted you. If the decision has to do with a solidary debt, a copy is also sent to the other person who is held solidarily liable (if the review officer has been in contact with the person).

The CLE or Services Québec personnel will also be notified of the decision. They are responsible for applying the decision and, if applicable, for paying you any amounts owed.

#### 8 Is it possible to appeal a review decision?

If you are dissatisfied with the review decision rendered by the Bureau de révision, you have **60 days** to file an appeal with the Tribunal administratif du Québec (TAQ).

If the Bureau de révision does not render a review decision within 90 days following the date of receipt of your application

for review, or within 90 days of the date on which you presented your observations or submitted your documents (if you requested an extension for this purpose), you may file an appeal directly with the TAQ.

#### To obtain more information

For more information, you can contact the person in charge of your file at the CLE or Services Québec office. You can also contact the Centre de communication avec la clientèle at the Ministère du Travail, de l'Emploi et de la Solidarité sociale, at the following toll-free number:

1-877-767-8773

Information is also available on the website of the Ministère du Travail, de l'Emploi et de la Solidarité sociale, at [www.mtess.gouv.qc.ca](http://www.mtess.gouv.qc.ca). Click “**Client services**” and then “**Application for review or administrative recourse**”.

Submit your completed application to the local employment centre (CLE) or Services Québec office that rendered the decision.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date de réception

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEFORE APPLYING FOR A REVIEW**

**PLEASE READ THE GUIDE CAREFULLY.**

Feel free to contact the person in charge of your file for more information about the decision that you are contesting.

**1 INFORMATION ABOUT THE APPLICANT**

Last name		First name		File number (CP12)	
_____		_____		_____	
Address – Number and street			Apartment	City	Postal code
_____			_____	_____	_____
Telephone – Home <small>Area code</small>		Other telephone (specify) <small>Area code</small>		Fax <small>Area code</small>	
_____		_____		_____	

**2 DECISION BEING CONTESTED**

Enter the **date on which the notice of decision or claim notice that you are contesting was issued.** Year    Month    Day  
*If possible, attach a copy of the notice, to facilitate the processing of your application.* \_\_\_\_\_

If you are contesting a claim notice, give the name of the measure or program: \_\_\_\_\_

**3 REASON FOR THE APPLICATION FOR REVIEW** *Indicate the item that you are contesting.*

<p><b>Last-resort financial assistance (LRFA) or Aim for Employment Program (AE)</b></p> <p><input type="checkbox"/> Financial assistance cancelled</p> <p><input type="checkbox"/> Financial assistance reduced</p> <p><input type="checkbox"/> Application for financial assistance refused</p> <p><input type="checkbox"/> Amount of financial assistance granted (LRFA)</p> <p><input type="checkbox"/> Amount of financial assistance granted (AE)</p> <p><input type="checkbox"/> Reduction of the assistance amount following a failure to comply (AE)</p>	<p><b>Special benefit</b></p> <p><input type="checkbox"/> Application for special benefit refused</p> <p><input type="checkbox"/> Amount of special benefit granted</p> <p><b>Employment constraints</b></p> <p><input type="checkbox"/> Refusal to recognize a temporarily limited capacity for employment</p> <p><input type="checkbox"/> Refusal to recognize a severely limited capacity for employment</p>	<p><b>Claim notice (individual, business or body)</b></p> <p><input type="checkbox"/> Claim-grounds, amount, period</p> <p><input type="checkbox"/> Reason for false declaration (misrepresentation)</p> <p><input type="checkbox"/> Solidary liability</p> <p><input type="checkbox"/> Amount withheld to recover debt</p> <p><b>Other (specify):</b> _____</p>
---	---	--

*If you are participating in the Aim for Employment Program and contesting a reduction in assistance, have you made or will make an application for administrative reconsideration to contest your labour market entry plan?*  Yes  No



**4 REASONS YOU DISAGREE WITH THE DECISION** *If you need more space, attach an extra sheet.*

Please explain the reason for your application for review and provide any documents or information supporting your application.

Multiple horizontal lines for writing the reasons for disagreement.

**5 ADDITIONAL INFORMATION**

For this application for review, will you be represented by a lawyer or other person?  Yes  No

Contact information to come later

Name of the representative or other person

Telephone  
Area code

Fax  
Area code

Address – Number and street

City

Postal code

If you are assisted by someone other than a lawyer, would you like the correspondence, including the notice informing you of the decision following the review, to be sent to that person?

Yes  No

If you are not represented, do you wish to provide additional information to the review officer during a telephone interview?

Yes  No

If you answer "No", the decision will be rendered according to the information in your file.

**6 APPLICANT'S SIGNATURE**

Date

Signature

**PROTECTION OF PERSONAL INFORMATION**

Access to the information that you submit is limited to the persons who are authorized to consult it, in compliance with the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, chapter A-2.1). You are entitled to consult the information about you and, if applicable, request corrections by submitting a written request to the person in charge of access to documents and the protection and personal information.

**NOTE REGARDING DECISIONS RENDERED UNDER THE SOCIAL ASSISTANCE PROGRAM OR THE AIM FOR EMPLOYMENT PROGRAM**

If your financial assistance has been cancelled or reduced by more than 50% further to a decision, the processing of your application for review will be given priority. A review decision will be rendered within 10 days of the date of receipt of your application for review, the date on which you presented your observations or the date on which you submitted your documents (if you requested an extension for this purpose), failing which the original amount of your benefit will be reinstated until a review decision is rendered. Please note that if your application for review form is received before the date on which your benefits are to be cancelled or reduced, the 10-day period is calculated as of the date of cancellation or reduction.



Submit your completed application to the local employment centre (CLE) or Services Québec office that rendered the decision.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date de réception

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEFORE APPLYING FOR A REVIEW**

**PLEASE READ THE GUIDE CAREFULLY.**

Feel free to contact the person in charge of your file for more information about the decision that you are contesting.

**1 INFORMATION ABOUT THE APPLICANT**

Last name		First name		File number (CP12)	
_____		_____		_____	
Address – Number and street		Apartment	City	Postal code	
_____		_____	_____	_____	
Telephone – Home	Other telephone (specify)		Area code	Fax	Area code
Area code	_____		_____	Area code	_____

**2 DECISION BEING CONTESTED**

Enter the **date on which the notice of decision or claim notice that you are contesting was issued.** Year Month Day

*If possible, attach a copy of the notice, to facilitate the processing of your application.* \_\_\_\_\_

If you are contesting a claim notice, give the name of the measure or program: \_\_\_\_\_

**3 REASON FOR THE APPLICATION FOR REVIEW** *Indicate the item that you are contesting.*

<p><b>Last-resort financial assistance (LRFA) or Aim for Employment Program (AE)</b></p> <p><input type="checkbox"/> Financial assistance cancelled</p> <p><input type="checkbox"/> Financial assistance reduced</p> <p><input type="checkbox"/> Application for financial assistance refused</p> <p><input type="checkbox"/> Amount of financial assistance granted (LRFA)</p> <p><input type="checkbox"/> Amount of financial assistance granted (AE)</p> <p><input type="checkbox"/> Reduction of the assistance amount following a failure to comply (AE)</p>	<p><b>Special benefit</b></p> <p><input type="checkbox"/> Application for special benefit refused</p> <p><input type="checkbox"/> Amount of special benefit granted</p> <p><b>Employment constraints</b></p> <p><input type="checkbox"/> Refusal to recognize a temporarily limited capacity for employment</p> <p><input type="checkbox"/> Refusal to recognize a severely limited capacity for employment</p>	<p><b>Claim notice (individual, business or body)</b></p> <p><input type="checkbox"/> Claim-grounds, amount, period</p> <p><input type="checkbox"/> Reason for false declaration (misrepresentation)</p> <p><input type="checkbox"/> Solidary liability</p> <p><input type="checkbox"/> Amount withheld to recover debt</p> <p><b>Other (specify):</b></p> <p>_____</p>
---	---	---

*If you are participating in the Aim for Employment Program and contesting a reduction in assistance, have you made or will make an application for administrative reconsideration to contest your labour market entry plan?*  Yes  No



