

**Section 1 – Identification**

Last name of <b>adult 1</b>	First name of <b>adult 1</b>	File number (CP-12)
Last name of <b>adult 2</b> (if applicable)	First name of <b>adult 2</b> (if applicable)	File number (CP-12)

If you have more than three children, use another *Appendix – Dependent Children* form.

**Section 2 – Dependent children**

Child 1	Child 2	Child 3
CP-12	CP-12	CP-12
Last name	Last name	Last name
First name	First name	First name
Date of birth Year Month Day	Date of birth Year Month Day	Date of birth Year Month Day
Health insurance number <small>Asylum seekers are not required to provide this number.</small>	Health insurance number <small>Asylum seekers are not required to provide this number.</small>	Health insurance number <small>Asylum seekers are not required to provide this number.</small>
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Is the child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , indicate the education level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Secondary, vocational <input type="checkbox"/> Kindergarten <input type="checkbox"/> College <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Secondary, general <input type="checkbox"/> Other (specify):	Is the child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , indicate the education level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Secondary, vocational <input type="checkbox"/> Kindergarten <input type="checkbox"/> College <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Secondary, general <input type="checkbox"/> Other (specify):	Is the child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , indicate the education level. <input type="checkbox"/> Pre-kindergarten <input type="checkbox"/> Secondary, vocational <input type="checkbox"/> Kindergarten <input type="checkbox"/> College <input type="checkbox"/> Elementary <input type="checkbox"/> University <input type="checkbox"/> Secondary, general <input type="checkbox"/> Other (specify):
Is the child considered a handicapped person by Retraite Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child considered a handicapped person by Retraite Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child considered a handicapped person by Retraite Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Identity of the parents</b> as indicated on the birth certificate Parent's last name	<b>Identity of the parents</b> as indicated on the birth certificate Parent's last name	<b>Identity of the parents</b> as indicated on the birth certificate Parent's last name
Parent's first name	Parent's first name	Parent's first name
The parent is: <input type="checkbox"/> Father <input type="checkbox"/> Mother Country of residence (if not Canada)	The parent is: <input type="checkbox"/> Father <input type="checkbox"/> Mother Country of residence (if not Canada)	The parent is: <input type="checkbox"/> Father <input type="checkbox"/> Mother Country of residence (if not Canada)
Other parent's last name	Other parent's last name	Other parent's last name
Other parent's first name	Other parent's first name	Other parent's first name
The other parent is: <input type="checkbox"/> Father <input type="checkbox"/> Mother Country of residence (if not Canada)	The other parent is: <input type="checkbox"/> Father <input type="checkbox"/> Mother Country of residence (if not Canada)	The other parent is: <input type="checkbox"/> Father <input type="checkbox"/> Mother Country of residence (if not Canada)
<b>Shared custody:</b> <i>The child whose custody is shared in accordance with a court decision or agreement is considered to be a dependent of a person when that person has custody at least 40% of the time.</i>		
Are you sharing custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , specify the number of days of custody. _____ days per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Are you sharing custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , specify the number of days of custody. _____ days per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	Are you sharing custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , specify the number of days of custody. _____ days per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
If <b>yes</b> , which document grants you custody? <input type="checkbox"/> Court decision <input type="checkbox"/> Amicable agreement <input type="checkbox"/> Agreement reached as a result of mediation <input type="checkbox"/> Other (specify):	If <b>yes</b> , which document grants you custody? <input type="checkbox"/> Court decision <input type="checkbox"/> Amicable agreement <input type="checkbox"/> Agreement reached as a result of mediation <input type="checkbox"/> Other (specify):	If <b>yes</b> , which document grants you custody? <input type="checkbox"/> Court decision <input type="checkbox"/> Amicable agreement <input type="checkbox"/> Agreement reached as a result of mediation <input type="checkbox"/> Other (specify):
Are all the dependent children living as the same address as you? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , indicate the reason for this situation and the first names of the children living elsewhere.		

**Section 3 – Income and property of dependent children**

Do the children have an income?	Child's first name	Source of income	Net amount	Per week	Every two weeks	Per month
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the children have accounts in financial institutions or property, such as vehicles?	Child's first name	Account number or description of property	Amount or value			
<input type="checkbox"/> Yes <input type="checkbox"/> No			\$			
			\$			
			\$			

**Section 4 – Solemn affirmation**

I solemnly affirm that the information provided on this application form is accurate and complete.  
I shall immediately inform the Ministère du Travail, de l'Emploi et de la Solidarité sociale of any change in this information.

_____	_____	_____	_____
Date	Signature of adult 1	Date	Signature of adult 2, if applicable

