## **Parental contribution** — Additional information

									ļ	File number (CP-12)			
										1 1			
I INFORMATION REGARDING APPLICANT													
Last and first names								Social in	isurance	number			
2 INFORMATION REGARDING PARENTS													
Are your pa	rents de	ceased? 🤇		parent is deceased h parents are deceased	If <b>yes</b> , attach de	ath certificate	(s).						
		S	) No	•	<i>Y</i>								
				If both	your parents are dec	eased, go dire	ectly to sec	ction 7.	_		_		
Check the bo	ox corres	ponding to tl	he parent(	(s)' situation.	C Live together	◯ Li	ve separate	ely <sup>(</sup>	On!	y one pare	nt C	∑ Widowed	
3	DI	EPENDEN	T CHI	LDREN									
Have you eve	er had a	dependent cl	nild?	Yes \( \) No I	f <b>yes</b> , attach birth cer	tificate and go	directly to	o section 7.					
A	SI	TUATION	Ţ										
				Explain v	our situation (full-tin	ne studies. me	eans of sub	bsistence)					
since age 16, by filling out the section below. Fill in the appropriate box for each period.													
Full-time studies							Means of subsistence: • employment ins				surance benefits, SAAQ, CNESST, Retraite Québec, etc.		
Period Place of residence							Period				ce under the Youth Alternative Program  Place of residence		
From	Month	to Year	Month	With one or both of my parents	Other	From		<b>to</b> Year	Month		ne or both parents	Other	
Year	Month	rear	Month	or my parents		Year	Month	rear	WORLE	Or my	parents		
I M P O R T A N T  Attach the following supporting documents: ➤ a record of employment for each period of employment													
roof that you received benefits from employment insurance, SAAQ, CNESST, Retraite Québec, etc.  proof of residence (e.g. lease) for each period during which you lived elsewhere than with one or both of your parents													
a transcript or report card for the last period during which you were a full-time student													
5 ADDITIONAL INFORMATION													
Include any information you consider important and that could help us in assessing the parental contribution (e.g. parents receiving benefits under the Social Assistance Program or Social Solidarity Program, missing parents, refusal by your parents to provide for your needs, parental violence).													
6 AUTHORIZATION													
Where it established that I am subject to the parental contribution, I hereby authorize the Ministère de l'Emploi et de la Solidarité sociale to contact my parents whenever the Department has not received the necessary information from them within the prescribed time limit.													
				will only concern the	•				ve to de	termine th	e parental c	ontribution.	
i ne autnori.	zation is	valia for the	perioa ot	time necessary to dete	rmine the amount of	tne parentai	contributi	on.					
1st parent Last and first names						Last and first n	<b>2</b> <sup>nd</sup> parent Last and first names						
Date of birth													
Date of birth						Date of birth							
Home address						Home address							
Telephone:		Ноте		Work		Telephone:		Ноте		V	Vork		
SOLEMN AFFIRMATION													
I solemnly affirm that the information provided in this form is accurate and complete.  Date Signature of applicant													
				Dulc		signature or up	piicum						