Parental contribution – Preliminary Information

The purpose of this form is to determine whether or not the parental contribution applies in your case. When a person applies for social assistance benefits, the Ministère du Travail, de l'Emploi et de la Solidarité sociale must establish whether the applicant should receive a financial contribution from his or her parents to meet his or her needs. The parental contribution may remain in effect for a maximum of three years.

If you answer YES to any of the following questions, you must submit the appropriate documents to confirm your answers or provide us with additional information. If you fail to provide the required documents or information, we will consider that you receive a financial contribution from your parents that is sufficient to meet your needs. If you answer NO to all of the questions, a parental contribution should allow you to meet your needs. In order to establish this contribution, we will provide you with documents to be completed by your parent or parents.

	Your file number:		
	 A) During a period more than 3 years ago: Did you ever receive last-resort financial assistance in Québec (or assistance from a band council) or last-resort assistance in another maniference on tamitant 2 OP. 		
	 province or territory? OR Did you ever receive a youth allowance under the Youth Alternative Program? 	Ves	No
	If Yes , enter the date (or approximate period) during which you received assistance: Year Month Day		0.00
	 B) During a period more than 3 years ago: Was any application you filed for last-resort financial assistance in Québec (including an application filed with a band council) or in another province or territory ever refused because a parental contribution was taken into account? OR Was any application you filed for a youth allowance under the Youth Alternative Program ever refused because a parental contribution was taken into account? 	🔿 Yes	∕N0
2	If Yes , enter the date (or approximate period) you filed the application:		
3	Do you currently have or have you ever had a dependent child? If Yes , please provide the child's birth certificate.	, 🔿 Yes	∕\No
	Are you 20 weeks or more pregnant?	. 🔿 Yes	∕N0
4	If Yes , please provide a medical certificate completed by a physician or midwife confirming the number of weeks of pregnancy.		
R	Are you or have you ever been married or in a civil union?	. 🔿 Yes	∕N0
	Are you living with someone in a de facto union? If Yes , have you been living with the person for at least 12 months or have you ever lived with this person in a de facto union for at least 12 months?		
6			0.00
	Do you have a university bachelor's degree? If Yes , please provide a photocopy of your degree.	. 🔿 Yes	∕\No
	Have you ever been employed for a combined period of two years or more without being a full-time student? Periods during which you received employment insurance benefits, parental insurance benefits, income replacement indemnities from the CNESST or SAAQ, etc., may be included in this two-year period. If Yes , please provide your records of employment or other appropriate proof.	. 🔿 Yes	∕\No
0	Have you simultaneously met your own needs and lived away from your parents' home, without being a full-time student, for a combined period of two years or more? If Yes , please explain how you met your needs during this period:	. 🔿 Yes	∕\No
9			
	Have you ceased to be a full-time student for at least seven years since you have no longer been obliged to attend school (age 16)?	. 🔿 Yes	∕\No
	Answer the following questions only if you answered No to all of the previous questions.		
10	Do your parents receive Québec last-resort financial assistance (or assistance following an application filed with a band council)?	. 🔿 Yes	∕\No
	Do your parents receive last-resort financial assistance from another province or territory? If Yes , please provide your parents' contact information and the name of the financial assistance program.	. 🔿 Yes	∕\No
	Are your parents deceased, untraceable or unknow? If your parents are deceased, please provide proof of death.	. 🔿 Yes	∕\No
	Have your parents ever been physically or phychologically violent toward you?	. 🔿 Yes	∕\No
14	Have your parents ever refused to meet your needs?	. 🔿 Yes	∕\No
	I confirm that the information provided in this form is accurate		

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Signature of applicant

The Ministère du Travail, de l'Emploi et de la Solidarité sociale requires the personal information entered in this form in order to carry out the verifications provided for by law. The information is treated as confidential and the Ministère will disclose it only to authorized persons. You are entitled to be informed about the information about 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.

Ministère du Travail, de l'Emploi et de la Solidarité sociale

Date

Emploi

Québec 🏜 🏶