

For the award year 2025-2026, the repair or replacement of a device acquired under the Allowance for Special Needs Program is only intended for students attending the following types of educational institutions:

- Vocational Training
- Adult Education
- Private unsubsidized colleges
- Universities outside Québec

À l'inverse, vous devez vous adresser à la personne responsable de l'intégration des étudiantes et étudiants handicapés de votre établissement d'enseignement si vous fréquentez un établissement d'enseignement :

- Public colleges
- Government schools in Québec
- Private subsidized colleges
- Universities in Québec

This form must be filled out by any student who needs to have repaired or replaced equipment acquired under the Allowance for Special Needs Program.

## General Information

The coverage provided by the manufacturer's guarantee takes precedence over any authorization for the repair or replacement issued by Aide financière aux études (AFE). Consequently, before filling out this application, you must be sure that the equipment repair or replacement is not covered by the manufacturer's guarantee or that the guarantee is expired.

Costs related to the repair or replacement of equipment (computer or assistive communications device) are only paid if the equipment was acquired under the Allowance for Special Needs Program. However, AFE must have given prior authorization for the repair or replacement.

Note that costs incurred to obtain an estimate are not reimbursed by AFE.

If the equipment cannot be repaired or if the estimated repair cost exceeds 60% of the initial purchase cost or the current replacement cost, an estimate for the replacement of that equipment must be provided.

Within 60 days of receiving the requested amount, you must send AFE the invoice (must be stamped "paid" by the supplier) confirming payment of the repair or purchase.

The student may request repair or replacement of a device. The cost of the repair or replacement is only reimbursed **once in a lifetime**.

### Computer

The cost estimate for repairing a computer must be performed by the dealer that sold the computer, in accordance with the guarantee attached to that item. If the guarantee is not applicable, the estimate may be performed by another dealer.

Once authorized by AFE, the repair must be performed by the dealer that did the estimate.

Please note that repair or replacement does not apply to additional computer peripherals such as the monitor, mouse or printer.

### Assistive communications device

The cost estimate for repairing a assistive communications device must be done by the technical assistance service of the rehabilitation centre.

Once authorized by AFE, the repair must be performed by the same technical assistance service.

## Procedure

To apply for the authorization of equipment repair or replacement, you must have filled out beforehand the *Application for a Special Needs Allowance* online form, which is available on the AFE Web site at [Quebec.ca/student-financial-assistance](http://Quebec.ca/student-financial-assistance). You must have filled out that form even if, for the current award year, you are not applying for a special needs allowance relating to any of the types of assistance available (e.g. specialized services, material resources, paratransit or special needs housing).

If you filled out the *Application for a Special Needs Allowance online* form for the current award year, but you did not request an allowance for any of the types of assistance available:

Send this form, duly completed, and the transmittal slip provided at the end of the *Application for a Special Needs Allowance* online form to the address indicated at the bottom of the page.

If you filled out the *Application for a Special Needs Allowance* online form for the current award year, and you requested an allowance for any of the types of assistance available:

Send this form, duly completed, to the address indicated at the bottom of the page. If you have not yet sent a *Recommendation on Types of Assistance Required* (1088) form, have one filled out by the person responsible for integrating disabled students at your educational institution and send it to the same address.

**Section 1 – Identification of student**

Last name Permanent code assigned by the Ministère

First name Date of birth

Number Street Direction (North, South, East, West)

Apartment Municipality

Municipality (cont.) Province Postal code Telephone number Extension

**Section 2 – Information relating to the application for a special needs allowance**

To apply for the authorization of equipment repair or replacement, you must have filled out beforehand the Application for a Special Needs Allowance online form.

Please check the box that corresponds to your situation (You are required to have section 3 below filled out by an authorized person with the financial assistance office of your educational institution.):

- I have filled out the *Application for a Special Needs Allowance* online form and requested an allowance for one of the types of assistance available.
- I have filled out the *Application for a Special Needs Allowance* online form, but I did not request an allowance for one of the types of assistance available.

**Section 3 – Confirmation of school attendance**

This section must be filled out by an authorized person with the financial assistance office of your educational institution.

Please specify the level of education corresponding to the studies pursued by the student and provide the information requested. You must then fill out section 3A or 3B of this form.

**Regular path**

- Private unsubsidized college  Pre-university studies
- Technical training

- University outside Québec  Undergraduate, graduate, postgraduate

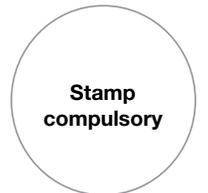
**Continuous path**

- Secondary level  Adult education
- Vocational training (DVS)
- Vocational training (AVS or STC)
- Private unsubsidized college  Pre-university studies (accelerated DCS)
- Attestation of college studies (ACS)

Name of educational institution Code assigned by Ministère

Last name of authorized person with the financial assistance office

First name of authorized person with the financial assistance office



**X** \_\_\_\_\_  
**Signature** **Electronic signatures are not accepted.**

Date Y M D

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Permanent code assigned by the Ministère

\_\_\_\_\_

**Section 3 – Confirmation of school attendance (cont.)**

**A. Regular path**

This subsection must be completed if the student is pursuing studies based on a regular path.

Name of program of study

\_\_\_\_\_

Program code

\_\_\_\_\_

All periods during which the student plans to be studying during the 2025-2026 academic year must be indicated below.

**Type of Studies**

	Fall	Winter	Summer
Private unsubsidized college – Pre-university studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private unsubsidized college – Technical training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University outside Québec – Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University outside Québec – Graduate (master’s with thesis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University outside Québec – Graduate (master’s without thesis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University outside Québec – Postgraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Academic activity (university)**

	Fall	Winter	Summer
Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practicum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing of thesis (graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposit of thesis (graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing of dissertation (postgraduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposit of dissertation (postgraduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Status**

Full-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of hours (college studies) \_\_\_\_\_

Number of credits (university studies) \_\_\_\_\_

**B. Continuous path**

This subsection must be completed if the student is pursuing studies based on a continuous path.

Name of program of study

\_\_\_\_\_

Program code

\_\_\_\_\_

**Type of Studies**

- Adult education
- Vocational training (DVS)
- Vocational training (AVS or STC)
- Pre-university studies (accelerated DCS)
- Attestation of college studies (ACS)

**Start and end dates of courses**

You must specify below the start and end dates of the courses for the 2025-2026 academic year. Those dates must be between July 1, 2025, and October 31, 2026. Otherwise, you must contact Aide financière aux études.

Start date of courses

\_\_\_\_\_

End date of courses

\_\_\_\_\_

Hours of courses

\_\_\_\_\_

Status

- Full-time student
- Part-time student

**X** \_\_\_\_\_  
Signature of authorized officer with the financial assistance office of the educational institution.  
Electronic signatures are not accepted.

Date \_\_\_\_\_  
          Y          M          D

Last name

\_\_\_\_\_

First name

\_\_\_\_\_

Permanent code assigned by the Ministère

\_\_\_\_\_

**Section 4 – Application for the authorization of equipment repair**

I am requesting authorization to have the following equipment repaired:

- Desktop     Laptop     Assistive communications device

Cost at purchase (tax incl.)

Date of purchase

\$ \_\_\_\_\_ . \_\_\_\_\_

Y M D

X

Signature of student

Electronic signatures are not accepted.

**Section 5 – Cost estimate of repair**

This section must be filled out by the dealer in the case of computer repairs or by an authorized person with the technical assistance service in the case of assistive communications device repairs.

**Cost estimate of repair**

Can the equipment be repaired?     Yes     No

Description	Quantity billed	Unit price	Amount
_____	____	\$ _____ . _____	\$ _____ . _____
_____	____	\$ _____ . _____	\$ _____ . _____
_____	____	\$ _____ . _____	\$ _____ . _____
_____	____	\$ _____ . _____	\$ _____ . _____
_____	____	\$ _____ . _____	\$ _____ . _____
_____	____	\$ _____ . _____	\$ _____ . _____
		GST	\$ _____ . _____
		QST	\$ _____ . _____
		Total cost	\$ _____ . _____

**Technical assistance service or dealer**

Name of establishment or business

\_\_\_\_\_

Number

Street

\_\_\_\_\_

\_\_\_\_\_

Direction

(North, South, East, West)

Apartment

Municipality

\_\_\_\_\_

\_\_\_\_\_

Municipality (cont.)

Province

Postal code

Telephone number

Area code

Extension

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last name of person who filled out this section

\_\_\_\_\_

Fax number

Area code

\_\_\_\_\_

First name of person who filled out this section

\_\_\_\_\_

Date

Y M D

X

Signature of dealer or authorized person with the technical assistance service

Electronic signatures are not accepted.

