

APPENDIX

PROGRAM REGISTRATION
To be completed by the additional disabled person or
their representative

File number
P-

If there is more than one disabled person living in the same dwelling, an appendix must be completed for each additional disabled person with residential adaptation needs
The numbered bullets refer to the "Information for completing the form" section of this document.

Write in **UPPERCASE BLOCK LETTERS** using **black or dark blue ink**.

Option chosen (only one option is possible – refer to page ii)		
Professional support	Self-determined needs and work	Retroactive financial assistance

Information concerning the disabled person		Sex	Date of birth		
Last name	First name	F M	YYYY	MM	DD
Address (number, street, apartment)					
Municipality	Postal code	Area code	Phone number		
Last and first name of the representative, if applicable ❶		Area code	Phone number		
Specify the relationship with the disabled person (e.g.: spouse)					
If you are under the age of 21, do you live in a shared custody arrangement? Yes No					
If yes, you must provide proof of the number of days per year that you live in the dwelling to be adapted (have both parents sign the proof, as well as a health professional, OR attach a copy of the legal document providing proof of this information).					
Language of correspondence		French		English	

Information needed to establish eligibility for the Residential Adaptation Assistance Program		
A. Are you a Canadian citizen?	Yes	No
If not, are you a permanent resident?	Yes	No
If yes, you must provide a copy of your permanent resident card to be eligible for the program.		
B. Are you receiving, or have you received in the past, compensation for residential adaptation under one of the public or private insurance programs or plans? ❷	Yes	No
If yes, which?		
Régime d'assurance de la Société de l'assurance automobile du Québec		
Régime de la Commission des normes, de l'équité, de la santé et de la sécurité du travail		
The "Compensation for Victims of Crimes" program		
An insurance plan administered by a private or public corporation		
The health care program (Home Adaptations section) of Veterans Affairs Canada		
Other; please specify: _____		
In such a case, you first must submit a residential adaptation application to the organization concerned.		
C. Are you already living in the dwelling where the adaptation work is planned? ❸	Yes	No
If no, you must provide proof of future occupation (e.g., lease, purchase or construction contract, building permit).		
D. Do you have an impairment that has resulted in a significant and permanent disability?	Yes	No
If yes, what impairment corresponds best to your situation?		
Physical disability		
Intellectual disability		
Sensory disability (e.g., sight)		
Autism spectrum disorder		
Other; please specify: _____		
E. Are there obstacles impeding you as you carry out your regular activities at home that require residential adaptation work?	Yes	No
What are your adaptation needs?		
Getting in and out of your home		
Performing personal hygiene tasks		
Safely moving around the essential rooms of your dwelling (bedroom, bathroom, kitchen, dining room and living room)		
Preparing your meals		
Other; please specify: _____		

RESIDENTIAL ADAPTATION ASSISTANCE PROGRAM

Information on the household occupying the dwelling to be adapted			
A. Indicate the type of household:			
Person living alone	Single-parent family	Couple with child(ren)	Couple without children
B. How many members live in your household? _____			
C. Indicate the income bracket of your household for the current calendar year (including all members' income). Take into account income from work, employment insurance, <i>Emploi-Québec</i> and social assistance:			
under \$21,000			
\$21,000 to \$40,999			
\$41,000 to \$60,999			
\$61,000 to \$80,999			
\$81,000 or more			

Reregistration in the Residential Adaptation Assistance Program within 5 years			
Have you, in the past, benefited from the Residential Adaptation Assistance Program (RAAP) or from a subsidy paid to you under the <i>AccèsLogis Québec</i> (ACL) program for residential adaptation work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, was it within the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	RAAP <input type="checkbox"/> ACL <input type="checkbox"/>	Year: _____
No: go to the next section (Declaration).			
Yes: indicate the address of the dwelling concerned:			
(Number, street, apartment)			Postal code
For the same dwelling		For another dwelling	
For a reregistration at the same dwelling, you must attach a report from a health professional attesting to the significant change in your situation.		For a reregistration for another dwelling, you must attach the relevant supporting documents to support your new application.	

Declaration of the disabled person or their representative				
<i>I declare that all the information entered in this appendix of this form is true and complete. I acknowledge that any incorrect information could jeopardize my eligibility for the program. I understand that this step is preliminary and that my eligibility and that of the dwelling to be adapted must first be determined. I confirm that I have read and understood the information accompanying the form that describes the conditions and requirements of the Residential Adaptation Assistance Program and I undertake to comply with them. I also confirm that I am not eligible for another program or insurance plan through which I could benefit from financial assistance for the adaptation of my dwelling. I acknowledge that if I am eligible for the program and I cancel my file while it is being handled, I will have to justify my application if I reregister. I agree to allow the Société d'habitation du Québec to send, as needed, all the personal information collected by them, contained in my file and needed for the implementation and application of the Residential Adaptation Assistance Program, to the partners of the Société d'habitation du Québec who will handle my case.</i>				
Name (in block letters)	Signature	Year	Month	Day

N.B.
Sections A and B of this form <u>must</u> be submitted together, with all the supporting documents requested, as well as the appendix (or appendices), if applicable.

PROTECTION OF PERSONAL INFORMATION

The personal information collected by the Société d'habitation du Québec or by its partners is needed for the purposes of implementing the Act respecting the Société d'habitation du Québec (RSQ, chapter S-8), its regulations and the programs adopted pursuant to the Act and regulations. All such information will be treated confidentially. Failure to provide such information may result in denial of the requested financial assistance. The Société d'habitation du Québec will disclose this information only to its authorized personnel or its partners, and, in exceptional cases, to certain government departments or agencies, in accordance with the Act respecting access to documents held by public bodies and the protection of personal information. The information may also be used for statistical purposes, for research and for surveys. You are entitled to access the personal information concerning you, and to make corrections to it. For further details, please contact the officer of the Société d'habitation du Québec who is responsible for the protection of personal information.