

Name: _____

Spouse _____

 Are you independant ? yes no

 Spouse independant ? yes no

If not, since _____ Date : _____ DD/MM/YEAR

If not, since _____ Date : _____ DD/MM/YEAR

 Is your postal address the same as the address where you live ? yes no

 e.g.: your mail is delivered to a family member Postal address : _____

 Did you have advance payments for home support credits ? yes no if yes, provide RL-19 slip

Private seniors' residence (PSR)

	Jan	Feb	March	April	May	June	Do you live with your spouse ?	yes	no
<u>\$ cost of rent per month</u>	_____	_____	_____	_____	_____	_____	if not your spouse must complete their form if necessary		
	July	August	Sept	Oct	Nov	Dec	Do you have a roommate (family or friend) ?	yes	no

<u>Laundry services</u> None					
All year or specify the months					
Jan	Feb	March	April	May	June
July	August	Sept	Oct	Nov	Dec

<u>Housekeeping services</u> None					
All year or specify the months					
Jan	Feb	March	April	May	June
July	August	Sept	Oct	Nov	Dec

<u>Nursing services</u> None					
All year or specify the months					
Jan	Feb	March	April	May	June
July	August	Sept	Oct	Nov	Dec

<u>Personal care services</u> None					
All year or specify the months					
Jan	Feb	March	April	May	June
July	August	Sept	Oct	Nov	Dec

<u>Food services (meals)</u> None					
All year Number of meals per day					
Nb Meals	Nb Meals	Nb Meals	Nb Meals	Nb Meals	Nb Meals
Jan _____	March _____	May _____	July _____	Sept _____	Nov _____
Feb _____	April _____	June _____	August _____	Oct _____	Dec _____

Residential Building (tenant)

Minimum \$ 600 Maximum \$ 1200

if roommate, divide the rent amount

Monthly rent \$ / month _____ X _____ number of months

\$ / month _____ X _____ number of months

Condominium building (Condo)

Provide form TPZ-1029.MD.5 which must be completed by the condominium syndicate

Other eligible services for house owner - co-owner (condo) - tenant and resident in PSR

Landscaping	_____	Medical care	_____	Grocery delivery	_____
Snow removal	_____	Dressing and hygiene help	_____	Drug delivery	_____
Pool maintenance	_____	Housekeeping	_____	Personal security device	_____
Chimney sweeping	_____	Meal prep (mobile or not)	_____	Other:	_____
Airduct cleaning	_____	Carport installation	_____	Other:	_____

Completed by: _____

Date : _____