



Home support

70 years or over

Clear form

Year _____

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
\$ cost of rent per month	_____	_____	_____	_____	_____	_____
	July	August	Sept	Oct	Nov	Dec
	_____	_____	_____	_____	_____	_____

Do you live with your spouse ? yes no

if not your spouse must complete their form if necessary

Do you have a roommate (family or friend) ? yes no

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

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

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

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

Food services (meals)	None		All year		Number of meals per day		
	Nb Meals	Nb Meals	Nb Meals	Nb Meals	Nb Meals	Nb Meals	
Jan	_____	March	_____	May	_____	July	_____
Feb	_____	April	_____	June	_____	August	_____
						Sept	_____
						Oct	_____
						Nov	_____
						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:	_____
Air duct cleaning	_____	Carport installation	_____	Other:	_____

Completed by : _____ Date : _____