



# 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 : \_\_\_\_\_

Do you have receipts for **home support credits** ?      yes      no      if yes, provide RL-19 slip

## Private seniors' residence (PSR)

|                                  |       |        |       |       |       |       |
|----------------------------------|-------|--------|-------|-------|-------|-------|
|                                  | Jan   | Feb    | March | April | May   | June  |
| <b>\$ cost of rent per month</b> | _____ | _____  | _____ | _____ | _____ | _____ |
|                                  | 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

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

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

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

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

|                              |          |          |          |          |                         |          |       |
|------------------------------|----------|----------|----------|----------|-------------------------|----------|-------|
| <b>Food services (meals)</b> | 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 : \_\_\_\_\_