

Individual application for family grants

Contact details of the applicant (parents/guardian)	
Name, Last name :	
Relationship with the child/children :	
Address :	
Phone number :	I prefer to be contacted by phone <input type="checkbox"/>
Email :	I prefer to be contacted by email <input type="checkbox"/>

Child/Children informations			
Name, Last name	Date of birth	NAM	Already followed by our team?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Eligibility	
Criteria	Documents to provide
Child living in youth center or intermediate resources <input type="checkbox"/>	Contact details of the social worker.
Child living in foster care <input type="checkbox"/>	Contact details of the social worker.
Family with refugee status <input type="checkbox"/>	Formal letter or document from Immigration and Refugee Board of Canada (IRB) that prove your status.
Family living at the Canada Revenue Agency's low-income cut-offs (LICOs) <input type="checkbox"/>	Actual copy of page 1 and 2 of the Canada child benefit slip or other proof of the family income (2019 or 2020)

Send us the completed form and documentation (if necessary).

- By email : infos@maisondesante prevention.com
- By fax : 514-416-0332
- Directly in clinic

Our team will inform you of the decision regarding your demand in 1 to 2 weeks.

*Please note that there's a limited number of application that can be accepted. It's possible that even if you meet the eligibility criteria, your demand might not be accepted for the current year.

Section réservée à l'équipe de la Maison de Santé Prévention

Demande approuvée oui non

Signature : _____ Date : _____

Signature : _____ Date : _____