

Parent's Section¹

Child Assistance

Application for a Supplement for Handicapped Children

The supplement for handicapped children is intended to help families raise, care for and educate a child who has a **serious handicap**.

You may be entitled to a supplement if:

Your child has a handicap that significantly limits him or her in carrying out daily activities for a period expected to last for at least one year.

Daily activities are the activities in which a child participates, depending on his or her age, with respect to personal care and social life. They include communication and learning activities, moving about, eating and getting dressed.

The seriousness of the handicap is determined by the medical advisors at the Régie des rentes du Québec, in accordance with the **criteria** defined in the provisions of the *Regulation respecting the Taxation Act* pertaining to the supplement for handicapped children.

For information about these criteria, you can:

- consult the *Regulation* on our Web site, at www.rrq.gouv.qc.ca;
- contact us by telephone (see next page).

If a child's condition does not correspond to any of those described in Schedule C.1 of the *Regulation*, the seriousness of the handicap will be evaluated according to the following criteria:

- the **impairments** that remain, even though available measures to make the child's life easier are used;
- the **obstacles** that the child encounters in his or her environment;
- the **constraints** for the child's family.

What to do with the documents

Parent's Section

- Complete and sign the **Parent's Section** and return it to us.
- To be sure that you have enclosed all the documents, refer to the table **Documents to be provided by the parent**, on [pages 3 and 4](#).

Professional's Section

- Indicate your child's name in **section 1.1** and sign the consent in **section 1.2** of the **Professional's Section**.
- Give this section to the professional (physician, physical therapist, psychologist or other health professional) who has assessed or treated your child and who best knows his or her condition. The professional will complete the section and send it to us.

1. For purposes of simplification, the term "parent" is used in this form to identify the person (or that person's spouse) who is responsible for the child's care and education and who lives with the child.

How to reach us



By Internet

www.rrq.gouv.qc.ca



By telephone

Québec region: 418 643-3381

Montréal region: 514 864-3873

Toll-free: 1 800 667-9625



TTY

Service for the hearing impaired

Toll-free: 1 800 603-3540

Protection of personal information

The information requested on this form is needed in order for the Régie to study your application. **Failure to provide the information may result in delays in processing the application or in the application being rejected.** Only authorized employees at the Régie will have access to the information. The information can be provided to other persons or agencies or verified with them only in the cases provided for by law. It could also be used for research, assessments, enquiries or surveys. Under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, you may consult the information and have your personal information corrected.

Fill out the form and send it to:

Régie des rentes du Québec

Case postale 7777

Québec (Québec) G1K 7T4

Documents to be provided by the parent

IMPORTANT

The diagnoses listed in the table are examples only, to help you determine the category of handicap. A diagnosis is not enough to entitle you to the supplement. The child's condition must meet the eligibility requirements set out in the *Taxation Act* and the *Regulation respecting the Taxation Act*.

Photocopies of any of the requested documents are sufficient.

For the following categories, **no additional documents have to be enclosed** with the Parent's Section. The professional will send us the documents needed to determine eligibility.

Category	
<ul style="list-style-type: none"> ▪ Cancer ▪ Cardiovascular function ▪ Congenital malformations and chromosomal abnormalities e.g., trisomy, multiple malformations. ▪ Food allergies ▪ Hearing 	<ul style="list-style-type: none"> ▪ Metabolic or hereditary abnormalities e.g., anemia, insulin-dependent diabetes, cystic fibrosis, hemophilia. ▪ Nutrition and digestion ▪ Renal and urinary function ▪ Sight

For the following categories, **you must enclose with the Parent's Section the documents listed below**. The professional will send us the other documents needed to determine eligibility.

Category	Additional documents to be provided by the parent
<p>Immune system abnormalities e.g., immune deficiency, HIV infection, AIDS.</p>	<ul style="list-style-type: none"> ▪ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist)
<p>Nervous system abnormalities e.g., epilepsy, Tourette syndrome, cranial trauma.</p>	<p>Tourette Syndrome</p> <ul style="list-style-type: none"> ▪ Appendix: School achievement report on page 7 to be filled out by the teacher, if the child is school age ▪ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist) ▪ Results of the initial assessment in neurology and in child psychiatry, if your child has been assessed ▪ Copy of the follow-up notes in neurology and in child psychiatry for the last year, if your child has been seen in these specialties <p>The last two items may be provided by the parent or by the professional. Make sure that they are sent to us.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>For any other nervous system abnormalities, you do not have to enclose any documents with the Parent's Section.</p> </div>

Documents to be provided by the parent (continued)

Category	Documents to be provided by the parent
<p>Musculoskeletal system e.g., arthritis, malformation of one or several limbs, paralysis (brachial plexus, quadriplegia), hypotonia.</p>	<ul style="list-style-type: none"> ▪ Results of a recent assessment in physical therapy, if your child has been assessed ▪ Results of a recent assessment in occupational therapy, if your child has been assessed <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p>Respiratory function e.g., severe asthma.</p>	<ul style="list-style-type: none"> ▪ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist) ▪ Copy of the follow-up notes for respiratory problems for the last year, including consultations in pneumology, emergency room visits and hospitalization summary sheets
<p>Psychomotor delay e.g., global developmental delay.</p>	<ul style="list-style-type: none"> ▪ Results of a multidisciplinary assessment, including reports from the following professionals, if the child has been assessed: <ul style="list-style-type: none"> ▪ occupational therapist ▪ physical therapist ▪ speech therapist ▪ psychologist <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p>Intellectual impairment e.g., mental retardation.</p>	<ul style="list-style-type: none"> ▪ Appendix: School achievement report on page 7 to be filled out by the teacher, if the child is school age
<p>Behavioural disorders or other psychoemotional disorders e.g., attention deficit disorder, oppositional defiant disorder, disturbance of conduct, psychoses, bipolar disease and other psychological or psychiatric diseases.</p>	<ul style="list-style-type: none"> ▪ Appendix: School achievement report on page 7 to be filled out by the teacher, if the child is school age ▪ Detailed statement of medicines purchased during the last 12 months (available from the pharmacist) ▪ Results of a recent assessment in psychology, if your child has been assessed ▪ Results of a recent assessment and a copy of the follow-up notes in child psychiatry, if your child has been seen in this specialty <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p>Language disorders e.g., dysphasia, dyspraxia.</p>	<ul style="list-style-type: none"> ▪ Appendix: School achievement report on page 7 to be filled out by the teacher, if the child is school age ▪ Results of a recent, complete assessment in speech therapy ▪ Results of a recent intellectual assessment by a psychologist, if your child has been assessed ▪ Results of an adaptive skills assessment (e.g., EQCA or Vineland) if available <p>The assessment reports may be provided by the parent or by the professional. Make sure that they are sent to us.</p>
<p>Pervasive developmental disorders e.g., autism, Asperger's syndrome.</p>	<ul style="list-style-type: none"> ▪ Appendix: School achievement report on page 7 to be filled out by the teacher, if the child is school age

1.3.2 Hospitalization

Has your child been hospitalized for more than 24 hours in the last 12 months because of the health problem for which you are applying for a supplement for handicapped children?

Yes No

If so, give the date and approximate duration of the hospitalization:

Date		Duration
year	month	days

Date		Duration
year	month	days

Date		Duration
year	month	days

1.3.3 Follow-ups by specialists

Give the names of the specialists who have assessed or seen your child regularly during the last 12 months and indicate their specialty (e.g., neurology, cardiology, psychology, speech therapy or other specialty).

Name	Specialty

1.4 Your signature

I declare that all the information provided on this form is true.

Signature _____ Date

year	month	day

Mother Father Guardian Other. Specify: _____

IMPORTANT

You must:

- Indicate your child's name in **section 1.1** and sign the consent in **section 1.2** of the **Professional's Section**.
- Give the **Professional's Section** to the professional, who will complete the rest of it and send it to us.
- Send us, as soon as possible, the **Parent's Section** and all the required documents as indicated in the tables on pages 3 and 4. A delay may affect your retroactive payment, if any.

Note: A supplement for handicapped children can be paid for the months preceding your application if, during that period, your child's condition met the eligibility requirements. A retroactive payment can cover a **maximum** of 11 months.

Be sure to give your social insurance number on all documents provided.

School Achievement Report

Important: Provide this school achievement report only if it is required (see **Documents to be provided by the parent** on pages 3 and 4).

SECTION 1 To be completed by the parent

Parent's social insurance number

1.1 Information about the child's identity

Family name	Given name	Date of birth year month day
Name of the school	Telephone (school) area code	

1.2 Consent to release personal information

I hereby give my consent to any professional who has worked with my child to provide the Régie des rentes du Québec with any information needed to determine his or her eligibility for a supplement for handicapped children.

Name _____

Signature _____ Date _____
year month day

Mother Father Guardian

Note: Only the mother, father or guardian can give consent.

SECTION 2 To be completed by the teacher

2.1 The child's school achievement

Type of class (e.g., regular, special, language)	Pupil/teacher ratio (e.g., 8 pupils/1 teacher)
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Give the child's current school achievement level.

Complete the table by using letters to indicate the level. B: Beginning of level; M: Middle of level; E: End of level

	Preschool	1st cycle		2nd cycle		3rd cycle		Secondary Indicate the grade
		1st	2nd	1st	2nd	1st	2nd	
Reading								
Mathematics								

2.2 Personalized services (e.g., psychology, special education, remedial education, speech therapy, psychoeducation, shadowing)

Service	Frequency (e.g., hrs/week)	Pupil/specialist ratio	Date of the last assessment

- Has an **individual education plan** been prepared for this child? No Yes (Please enclose it with your application.)
- Enclose the report card (and the adapted report card, if applicable) for the current year and the previous year.

To be returned by the parent to the Régie des rentes du Québec

Important: Section 1 must be completed by the **Parent**.

Professional's Section

Child Assistance

Application for a Supplement for Handicapped Children

A child is entitled to a supplement for handicapped children if he or she has an **impairment or developmental disorder** that **significantly** limits him or her in carrying out daily activities for a period expected to last for **at least one year**. A diagnosis is not enough to entitle you to the supplement. The child's condition must meet the eligibility requirements set out in the *Taxation Act* and the *Regulation respecting the Taxation Act*.

For information about the eligibility **criteria** for the supplement for handicapped children, see the Web site of the Régie des rentes du Québec at www.rrq.gouv.qc.ca or contact us (see page 8).

Note that:

- The abnormality causing the **impairment** must be confirmed by objective signs during a physical examination, biological tests or medical imaging.
- The eligibility requirements for **developmental disorders** are based on the difference between the child's development and the average for the child's age.

You must provide assessment results using a developmental scale or standardized tests that situate the child's development with respect to the norms for his or her age group. The results must be given as a relative measure (percentiles, standard deviations, quotient or equivalent age) and not as a raw score. The confidence interval must be specified.

- The diagnosis must be **confirmed by a member of a professional order** in a report that describes the child's abilities and disabilities, the support measures required, the treatment and the relevant recommendations.

Documents to be provided by the professional

For the following categories, **no additional documents have to be enclosed** with the Professional's Section.

Category	
▪ Cardiovascular function	▪ Nutrition and digestion
▪ Neoplasms	▪ Renal and urinary function
Note: Be sure to indicate the type and stage of the tumour in section 2.1 of the form.	▪ Sight

For the following categories of handicaps, **you must enclose with the Professional's Section the documents listed below:**

If you are unable to send the assessment reports that have been prepared, please inform the parent so that he or she can send them.

Impairments	
Category	Additional documents to be provided by the professional
Congenital malformations and chromosomal abnormalities	<ul style="list-style-type: none">▪ Karyotyping results
Food allergies	<ul style="list-style-type: none">▪ Recent allergy test results and the interpretation of the results▪ Copy of the follow-up notes, for the last year, in immunology
Hearing	<ul style="list-style-type: none">▪ Audiogram▪ Complete audiologic assessment



Impairments (cont.)	
Category	Additional documents to be provided by the professional
Immune system abnormalities	<ul style="list-style-type: none"> Recent laboratory test results Copy of the follow-up notes, for the last year, in immunology
Metabolic or hereditary abnormalities	<ul style="list-style-type: none"> Laboratory tests confirming the diagnosis
Musculoskeletal system	<ul style="list-style-type: none"> Assessment in physical therapy Assessment in occupational therapy For arthritis: copy of the follow-up notes, for the last year, in rheumatology, if the child was seen by a rheumatologist
Nervous system abnormalities	<p>Tourette Syndrome</p> <ul style="list-style-type: none"> Initial assessment in child psychiatry or neurology, if available Copy of the follow-up notes, for the last year, in child psychiatry or neurology, if the child was seen by such a specialist <p>Note: Be sure to describe the tics in section 2.1 of the form.</p> <p>Epilepsy</p> <p>Note: Be sure to indicate the type and frequency of seizures and the date of the last seizure in section 2.1 of the form.</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px;"> <p>With any other nervous system abnormalities, you do not have to enclose any documents with the Professional's Section.</p> </div>
Respiratory function	<ul style="list-style-type: none"> Recent respiratory function tests, if available Copy of the follow-up notes for respiratory problems for the last year, including consultations in pneumology, emergency room visits and hospitalization summary sheets
Developmental disorders	
Category	Additional documents to be provided by the professional
Behavioural disorders and other psychoemotional disorders	<ul style="list-style-type: none"> Assessment in psychology, if available Assessment and copy of the follow-up notes in child psychiatry for the past 12 months, if available
Intellectual impairment	<ul style="list-style-type: none"> Most recent intelligence assessment, including IQ test results and the interpretation of the results Assessment of adaptive skills (e.g., EQCA or Vineland), if available
Language disorders	<ul style="list-style-type: none"> Complete, recent assessment in speech therapy Recent intelligence assessment, if available Assessment of adaptive skills (e.g., EQCA or Vineland), if available
Pervasive developmental disorders	<ul style="list-style-type: none"> Complete assessment in child psychiatry or results of a multidisciplinary assessment Assessment of adaptive skills (e.g., EQCA or Vineland)
Psychomotor delay	<ul style="list-style-type: none"> Results of a multidisciplinary assessment, including reports in the following fields, if available: <ul style="list-style-type: none"> occupational therapy physical therapy speech therapy psychology

If you are unable to send the assessment reports that have been prepared, please inform the parent so that he or she can send them.

Professional's Section

SECTION 1 To be completed by the parent

Parent's social insurance number

1.1 Information about the child's identity

Family name	Given name	Date of birth year month day
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1.2 Consent to release personal information

I hereby give my consent to any professional who has assessed or treated my child to provide the Régie des rentes du Québec with any information needed to determine his or her eligibility for a supplement for handicapped children.

Name _____

Signature _____ Date _____

Mother Father Guardian

Note: Only the mother, father or guardian can give consent.

SECTION 2 To be completed by the professional

2.1 Diagnoses (must be completed in all cases)

Diagnosis	Date of diagnosis year month day	Medical work-up began on year month day

Date of the most recent visit for professional assessment, follow-up or therapy _____

Frequency of visits _____

Objective examination				
Weight	Height	Measurements taken in year month	Premature birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gestational age weeks

Pertinent signs observed:

- Describe the impairment, malformation or abnormality.
- Describe the tics (Tourette Syndrome).
- Tumour : Describe the type and stage.

Epilepsy: Describe the type of seizure (e.g. tonic-clonic, partial, absence): _____

Frequency of seizures: _____ Date of last seizure _____

Biological tests or medical imaging confirming the diagnosis: _____

Note: Use a separate sheet if needed.

2.2 Treatments and recommendations (must be completed in all cases)

Yes No

The child has regular follow-up or treatment by medical or paramedical specialists.

Specialty	Since year month	Frequency	Expected duration

The child has had or will have surgery.

Carried out in year month	Planned (date or age)

The child takes medication on a regular basis.

Since year month	Name of medication and total daily dose	Continuous	Periodically	months/year
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Hospitalizations or severe decompensation episodes during the past year.

Date year month	Duration days

The child receives daily oxygen therapy at home. year month

The child receives chemotherapy or radiation therapy. If yes, since year month

The child needs adapted devices or exceptional assistance for drinking, eating, dressing or personal hygiene.
Please specify: _____

The child needs a full-time, one-on-one shadow to attend school or daycare.
Describe the type of accompaniment, the role of the person, and specify the number of hours a week:

The child goes to a psychiatric daycare centre, an adapted school or an adapted class.
Please specify: _____

The child's condition could improve. year month
If so, the Régie should carry out a reassessment around year month or at age: year month

2.3 Additional information

2.3.1 Premature birth

Not applicable

Gestational age year month weeks Weight at birth year month kg Duration of initial hospitalization year month weeks

Complications related to the premature birth:

Pulmonary: Hyaline membrane Pneumothorax Pulmonary hemorrhage Bronchopulmonary dysplasia

Cardiac: Arterial duct Other (please specify): _____

Digestive: Intravenous hyperalimentation Tube feeding (expected duration) _____

Necrotizing enterocolitis Failure to thrive

Neurological: Intraventricular hemorrhaging, stage: _____ Leukomalacia Cerebral palsy

Ophthalmological: Retinopathy, stage: _____

Metabolic disorder: _____

Global developmental delay (indicate the developmental quotient [Griffiths Scale or other]): _____

Other information that could help us assess the handicap: _____

Be sure you have completed sections 2.1 and 2.2 of the form.

2.3.2 Visual impairments

Not applicable

Visual acuity measured simultaneously in both eyes, after correction _____ Date of exam: _____
year month day

Method: Ocular fixation Allen Snellen Other: _____

Uncertain assessment. Reassess at age _____

Visually evoked potential: _____ Electroretinogram: _____

Field of vision for both eyes measured when focusing on a central point:

normal not assessed measures _____ degrees at the widest diameter

Yes No

The child wears contact lenses due to bilateral aphakia. If so, since _____
year month

The child wears an eye patch. _____ hours /day Expected duration _____
month

Corrected visual acuity in the non-occluded eye _____

The child uses adapted aids for studying: Specialized manuals Audio recordings Magnifying devices

Braille Others. Specify: _____

The child needs assistance to get around. Describe: _____

Other information that could help us assess the handicap (ex.: specialized services): _____

Note: Use a separate sheet if needed.

2.3.3 Hearing impairment

Not applicable

Please provide a recent audiogram with this form.

If the hearing assessment was carried out by any method other than pure-tone audiometry, information on the reliability of the method must be provided.

First assessment carried out in _____ by pure-tone audiometry
year month day another method. Specify: _____

Yes No

The child has a cochlear implant. Surgery at age _____

Despite an appropriate fitting, the child has a significant language delay. **Please enclose a copy of the speech and language assessment.**

The child attends a school or specialized class for the deaf. Describe: _____

The child is integrated in a regular class with support measures. Describe: _____

The child uses his or her hearing aids. If not, indicate the reason: _____

The child must use sign language rather than oral language.

Other information not indicated in the report from the speech therapist or audiologist that could help us assess the handicap: _____

Note: Use a separate sheet if needed.

Be sure you have completed sections 2.1 and 2.2 of the form.

2.3.4 Motor limitations (apparatus and adapted transportation) Not applicable

- Yes** **No**
- The child uses a wheelchair.
- The child uses one or more orthotic devices, type: _____ day night
- The child has motor limitations that prevent him or her from walking to school or the bus stop.
- The child needs assistance or a handrail to use stairs, according to age.
- The child needs technical assistance for positioning or moving about or for daily activities.
Describe: _____
- The child needs adapted transportation or special layout at home or school.
- The child has an upper limb impairment resulting in inefficient prehension in one hand or hindering everyday activities that require both hands.
- Other information that could help us assess the handicap: _____
- _____
- _____

2.3.5 Cardio-respiratory limitations Not applicable

- Yes** **No**
- The child has symptoms that limit the daily activities that are normal for his or her age:
 at rest when walking when climbing stairs when running
- The child must avoid the following for medical reasons:
 all sports activities competitive sports contact sports
 the other following activities: _____
- The child has a restrictive syndrome and his or her vital capacity is less than 50%. V.C. _____ %.
- Are there any respiratory irritants in the child's environment that could be avoided? Don't know.
If so, specify (tobacco, pets, etc.): _____
- Other information that could help us assess the handicap (ex.: side-effects of medication): _____
- _____
- _____

2.3.6 Limitations for eating and elimination Not applicable

- | Yes | No | | Since | Duration expected |
|--------------------------|--------------------------|--|-------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | The child is fed by nasal-gastric tube. | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has a surgical stoma, type: _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The child needs a catheter on a daily basis. | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has chronic renal insufficiency and receives dialysis. | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has daytime incontinence (abnormal for age) that requires daily care. <input type="checkbox"/> fecal <input type="checkbox"/> urinary
If so, describe the care or equipment needed. _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | The child's diet includes major restrictions. If the restrictions are caused by allergies, provide test results and describe the allergic reactions for each food in question: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Although the child is allergic to eggs, he or she can tolerate them when combined and cooked with other ingredients (ex.: cake, cookies, muffins). | | |
- Other information that could help us assess the handicap (e.g. side-effects of medication): _____
- _____
- _____

Be sure you have completed sections 2.1 and 2.2 of the form.

2.3.7 Psychomotor or cognitive delay Not applicable

Yes No

- The child is under age 5 and his or her developmental delay corresponds to less than half his or her age:
Developmental quotient: _____
- The child: crawls walks eats alone is toilet trained (daytime)
- Speech: none a few words expresses his or her needs
- The child has an intellectual impairment. If so, **send IQ test results** (in relative measures) and the interpretation of the test results with respect to effects on schooling and social life as well as the results, if available, of the child's **adaptive skills** using a recognized scale (e.g., EQCA or Vineland).
- The child has difficulties sufficient to jeopardize independence in the following areas:
 overall motor skills expressive language social interaction
 fine motor skills receptive language other. Specify: _____
- The child has shows a delay in acquiring preschool skills or a delay at school.

Other information that could help us assess the handicap (effects on daily activities and learning):

Note: Use a separate sheet if needed.**2.3.8 Language disorders** Not applicable

Yes No

- The child is living in a multilingual environment.
Languages spoken: at home: _____ at daycare: _____
at school: _____ language used for the test: _____
- The child is mute, no spoken language or very basic language.
- The child has limited language comprehension.
- A language problem was assessed by a speech therapist. **If so, send us the complete assessment of the child's receptive and expressive language**, including results of standardized tests in relative measures (percentiles, standard deviation or equivalent age), and not as a raw score. The confidence interval must be specified. The interpretation of the results must take into account the child's attitude and the child's performance during the tests.

Other information not indicated in the report from the speech therapist that could help us assess the handicap:

Note: Use a separate sheet if needed.

2.3.9 Behavioural disorders or other psycho-emotional disorders Not applicable

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has limited and stereotypical interests, ritualistic behaviour. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has poor eye contact, lack of or limited emotional reciprocity. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child participates in games with other children. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child has weak social judgment or reactions and behaviour that is inappropriate for his or her age, taking into account the explicit or implicit social rules in the child's environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child is frequently hostile or violent towards others. |
| <input type="checkbox"/> | <input type="checkbox"/> | The child can play in the house, yard, or neighbourhood with supervision appropriate to his or her age. |
| <input type="checkbox"/> | <input type="checkbox"/> | There are environmental or family stressors that currently have a negative influence on the child's overall functions. |

Other information that could help us assess the handicap (effects on daily activities and learning):

Note: Use a separate sheet if needed.

2.4 Signature

Family name		Given name		Profession	
Address (number, street, apartment)				Licence number	
City		Province		Postal code	
Telephone <small>area code</small>		Other <small>area code</small>		Extension	
Signature _____				Date <small>year month day</small>	

Important

You must:

- send us the **Professional's Section** as soon as possible, using the enclosed envelope. If you do not use the envelope provided, send the documents to the address indicated below;
- **attach all the documents requested** (reports, assessments, test results and follow-up notes). See **Documents to be provided by the professional** on pages 1 and 2 of this form.

For additional information about the supplement for handicapped children:

Régie des rentes du Québec
Case postale 7777
Québec (Québec) G1K 7T4

Québec region: 418 643-3381
Montréal region: 514 864-3873
Elsewhere in Québec: 1 800 667-9625

Internet : www.rrq.gouv.qc.ca

Be sure you have completed sections 2.1 and 2.2 of the form.