



### 3. Information about the treatment

Yes No

Has your child been **hospitalized at any time during the past 12 months?**

If **yes**, indicate the date, number of days and reason for each hospitalization:

year month number of days Reason: \_\_\_\_\_

year month number of days Reason: \_\_\_\_\_

year month number of days Reason: \_\_\_\_\_

Give the names of the **specialists** who have assessed or seen your child regularly during the past 12 months and their specialty (pediatrics, hematology, allergy/immunology, pneumology or other specialty).

Specialist's name	Specialty	Number of visits per month	Location (name of the hospital, private clinic, etc.)

Yes No

Does your child take medication on a regular basis? If yes, enclose a detailed statement of medicines.

### 4. Documents to be provided

- Food allergies: a copy of the allergy/immunology follow-up performed in the past year, including copies of the most recent allergy tests.
- Immunodeficiency disorder: a copy of the immunology follow-up performed in the past year, including emergency room visits and hospital summary sheets.
- Detailed statement of medicines purchased during the last 12 months (available from the pharmacist).

Note: Some of these documents are **also** being requested from your health professional. Be sure one of you sends them to us.

### 5. Parent's 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 do the following:

- Sign the **Consent to release personal information** in section 2 of **Part 2: Professional**.
- Have **Part 2: Professional** completed by the professional who best knows the child's condition.
- Send us **Part 1: Parent** and all the documents requested. The professional will send us **Part 2: Professional**. Be sure to inform the professional of the deadline indicated in the enclosed letter.

**REMINDER: Be sure to indicate your social insurance number on all the documents sent.**

# Application for a Supplement for Handicapped Children

## Reassessment report - Immunodeficiency disorders, food allergies

### Part 2: Professional

#### 1. Identification

Child's family name and given name	Date of birth
Person receiving the supplement	Client number
Telephone Home <small>area code</small>	Other <small>area code</small>
	Extension

#### 2. Consent to release personal information

**Parent's signature required**

I hereby give my consent to the professionals who assessed or treated my child to provide the Régie des rentes du Québec with the information needed to assess the child's entitlement to a supplement for handicapped children.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
please print

Mother    Father    Guardian      Date year month day

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

#### 3. Information for the professional

The Régie must reassess the child's condition in order to ensure that he or she still meets the requirements of the *Regulation respecting the Taxation Act*.

This report must be completed by a member of a professional order who has a license number and who has assessed or treated the child within the past 12 months.

You must send us the report as soon as possible, **along with all the required documents**. Entitlement to the supplement will **end** if the reassessment is not carried out or if the necessary information is not provided.

According to the information on file, this child is entitled to a supplement for handicapped children because of an immunodeficiency disorder or food allergies. The questions in this reassessment report may be less pertinent today. **If the diagnosis has changed or the child has other health problems**, be sure to note this under Section 8: Other information.

#### 4. Information about the professional (please print)

Family name	Given name	Profession
Address		
City		Postal code
License number	Telephone <small>area code</small>	Extension
Signature _____		Date <small>year month day</small>

#### 5. Documents that must be provided with this report

- A copy of the medical follow-up performed in the past year, including emergency room visits and hospital summary sheets for an immunodeficiency disorder or food allergies.
- Recent allergy test results and their interpretation.

Note: If you are unable to send us the requested documents, please notify the parents so that they can obtain them for us.

