



OVENIGHT CAMP AND RESPITES

FINANCIAL ASSISTANCE

As requested at the time of registration, we are sending you an application for financial assistance for the respites or overnight camp of your child or teenager (18 years of age or under) living with a hearing impairment, language deficiency, intellectual disability or multiple disabilities, excluding registration and transportation costs. (There may be an exception for a child accompanying a brother or sister).

Important: all requests will be treated with the utmost confidentiality. An incomplete file will delay the processing of this request, so it is essential to answer all the questions and to provide all the documents required. The Centre cannot undertake to offer any or all assistance requested. Thank you for your collaboration.

Steven Grenier

Development Manager



À L'ÉTAT *naturel*

2464, boul. Perrot, Notre-Dame-de-l'Île-Perrot, QC J7V 8P4 info@mon-camp.ca T 514 453-7600

MON-CAMP.CA



OVENIGHT CAMP AND RESPITES

FINANCIAL ASSISTANCE – 2020-2021

Confidential form

Applicable only to the cost of living in a camp or respite by a child or adolescent (18 years of age or younger) living with a hearing impairment, language deficiency or intellectual disability, and persons living with multiple disabilities. **Some adults may be eligible for financial assistance.** For those who are deaf or hard of hearing, please attach a copy of the audiogram.

Camper's name : _____

Birth date : _____
(dd/mm/yyyy)

Costs of stay(s) (Excluding options) _____

Amount to which the family can contribute (min. \$36/day)* _____

Amount of aid requested _____

Number of people at home :

Children :	_____	Adults :	_____
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Family total income : _____

This includes the salaries of all family members, income security, pensions, child support, household support, employment insurance, social security, CSST and any other income.

Mandatory: provide the Notice of Assessment (T-451) issued by the Canada Revenue Agency, or provide the Notice of Assessment (TPF-98 or TPF-99) issued by the Ministère du Revenu du Québec for the year preceding your stay or the last notice received. If the participant is already receiving financial support from an external organization, the Centre's financial assistance will apply to the balance to be paid by the parent or foster family only after the application of the payment contributed by the external organization.

Other information that could justify an application for financial assistance:

I authorize the Centre Notre-Dame-de-Fatima to send the documents concerning my application for financial assistance (CNDF application form, audiogram, copy of income tax return, notice of assessment) to a third party if necessary.

Signature of applicant _____

Date (dd/mm/yyyy) _____

Reserved for administration

Per diem :	From :
Financial assistance granted :	Date :
By :	Other :

* For a person living with a multiple disabilities, the minimum contribution is 50% of the amount of the stay.



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