

FINANCIAL YEAR 2022-2023

Form containing Quebec Health Insurance Number and identification of the person living with disabilities (Last name, First name).

Circle the days during which the person went to your care center to receive the expected service

Table with columns for months (APRIL 2022 to MARCH 2023) and days (1-31), and columns for 'Nb. visits' and 'Nb. meals'.

TOTAL OF VISITS: [] TOTAL OF MEALS: [] TOTAL PARKING: []

MEANS OF TRANSPORTATION: [] PERSONAL VEHICLE [] ADAPTED TRANSPORTATION* [] PUBLIC TRANSPORT* [] VOLUNTEER TRANSPORTATION* [] TAXI* [] OTHER: _____

Attach supporting documents relating to such transport

IDENTIFICATION OF THE CARE CENTER: _____

ADDRESS 1: _____ ADDRESS 2: _____

NEEDS AND SERVICES RECEIVED: _____

Signature of the healthcare manager or the therapist who gave the health service [] 20 / / [] Year Month Day

RETURN ADDRESS: Programme Transport et hébergement des personnes handicapées Montérégie 3120, Taschereau blvd Greenfield Park (Québec) J4V 2H1

Phone number: 450-928-6777, ext. 13553 Fax: (450) 463-6072 Email: transport.cssscclm16@ssss.gouv.qc.ca