



APPLICATION FOR EXEMPTION FROM CONTRIBUTION FOR THE PLACEMENT OF CHILDREN

IDENTIFICATION OF SOCIAL SERVICE CENTRE			
Name		Telephone	
Address			
City		Postal code	CSS no

IDENTIFICATION OF FIRST PARENT			
Surname (in accordance with the Act of Birth if applicant is a woman)		Given name(s)	
Birthdate		Social Insurance Number	
Capacity	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	
Address Street		Municipality	Postal code
Employer		Telephone	
Address Street		Municipality	
Civil status Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/>			

IDENTIFICATION OF SECOND PARENT			
Surname (in accordance with the Act of Birth if applicant is a woman)		Given name(s)	
Birthdate		Social Insurance Number	
Capacity	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	
Address Street		Municipality	Postal code
Employer		Telephone	
Address Street		Municipality	
Civil status Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/>			

INFORMATION ON PLACED CHILDREN			
1	Surname	Given name(s)	Birthdate
	Reasons for placement		
2	Surname	Given name(s)	Birthdate
	Reasons for placement		
3	Surname	Given name(s)	Birthdate
	Reasons for placement		

Reception centre <input type="checkbox"/>
Foster family <input type="checkbox"/>
Other (specify) _____
Sex M <input type="checkbox"/> F <input type="checkbox"/> For statistical purposes

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Foster family <input type="checkbox"/>
Other (specify) _____
Sex M <input type="checkbox"/> F <input type="checkbox"/> For statistical purposes

IDENTIFICATION OF DEPENDENTS WHO HAVE NOT BEEN PLACED						
	Name	Given name(s)	Birthdate	Relationship	Occupation	Income
1						
2						
3						

TAXABLE ANNUAL INCOME			DEDUCTIONS		
Source	1st parent	2nd parent	Deductions	1st parent	2nd parent
1. Salary before deductions, salary insurance, commissions tips, gratuities, other earned income			21. Contribution to a pension plan		
2. Old-age security pension and supplement			22. Maximum deduction of 3% for working expenses (max. 500\$)		
3. Quebec Pension Plan or Canada Pension Plan benefits			23. Unemployment insurance benefits		
4. Other pension benefits Specify _____			24. REEL, REER, REA benefits paid		
5. Unemployment insurance benefits			25. Union dues		
6. Alimentary pension received			26. Alimentary pension paid		
7. Adult professional training allowance			27. Tuition fees		
8. Income from business enterprise Specify _____			28. Moving expenses		
9. Dividends and other income			29. Other deductions Specify _____		
10. Total taxable earnings			30. Total		
11. Grand total taxable earnings			31. Grand Total		
<b>NON TAXABLE INCOME</b>			32. Annual gross income (item 19 less item 31).		
12. Social aid allowances			<b>EXEMPTIONS</b>		
13. Family allowances			33. Adult(s)		
14. CSST benefits			34. Children 0-17 years of age _____ x _____ =		
15. Supplements Specify _____			35. Students 18 years of age and over _____ x _____ =		
16. Other non taxable income			36. Total exemptions		
17. Total non taxable income			37. Contribution income (item 32 less item 36)		
18. Grand total non taxable income					
19. Grand total taxable and non taxable income (items 11 and 18)					
20. Enter social aid file number if applicable					

**SOLEMN DECLARATION**

I, the undersigned, solemnly declare that the information I have provided in this application is exact and that I have neither concealed nor omitted any pertinent information; I make this solemn declaration, knowing it to be true and to have the same force and effect as if it were made under oath.

I promise to immediately inform the social service center of any change in the situation described in this application.

I authorize the social service center and the Ministère de la Santé et des Services sociaux to question the Ministère du Revenu du Québec, the other Departments or third parties as to the accuracy of the information provided in this application.

37. Signature of father or mother	Date
38. Signature of person responsible at the contribution end	Date