

Confidential

This form is to be used to report an exceptional situation which, because it involves circumstances beyond the student's control, cannot be assessed according to the usual rules for awarding student financial assistance. The information in this form will remain confidential.

Section 1 Student Information

Last name	Permanent code assigned by the Ministère
_____	_____
First name	Social insurance number
_____	_____

Section 2 Description of Situation

2.1 Student Placed in a Foster Family or Reception Centre

Student who is placed in a foster family or reception centre in accordance with the *Youth Protection Act*, the *Act respecting health services and social services* or the *Young Offenders Act*. The student may qualify for financial assistance provided his or her living expenses are not otherwise covered under another program or by another organization.

An authorized person at the child and youth protection centre must complete and sign this subsection. The student must then sign where indicated.

Officer in charge at the child and youth protection centre _____

Position _____ Telephone _____ Area code _____

Name and address of the child and youth protection centre _____

The student has been with a foster family or in a reception centre since Y M D

Date on which the child and youth protection centre ceased or will cease to provide for the student's needs Y M D

- After his or her placement, the student will live:
- with his or her father with his or her sponsor (within the meaning of the *Immigration and Refugee Protection Act*)
 - with his or her mother elsewhere
 - with both parents

Signature of authorized person **X** _____ Date Y M D

I hereby certify that the information I have provided is accurate and complete.

Student's signature **X** _____ Date Y M D

