



This form must be filled out by any student who has acquired equipment under the Allowance for Special Needs Program and must have it repaired or replaced.

General Information

The coverage provided by the manufacturer's guarantee takes precedence over any authorization for the repair or replacement issued by Aide financière aux études (AFE). Consequently, before filling out this application, you must be sure that the equipment repair or replacement is not covered by the manufacturer's guarantee or that the guarantee is expired.

Costs related to the repair or replacement of equipment (computer or communication aid device) are only paid if the equipment was acquired under the Allowance for Special Needs Program. AFE must have given prior authorization, however, for the repair or replacement.

Note that costs incurred to obtain an estimate are not reimbursed by AFE.

If the equipment cannot be repaired or if the estimated repair cost exceeds 60% of the initial purchase cost or the current replacement cost, an estimate for the replacement of that equipment must be provided.

Within 60 days of receiving the requested amount, you must send AFE the invoice confirming payment of the repair or purchase.

Computer

The cost estimate for repairing a computer must be performed by the dealer that sold the computer, in accordance with the guarantee attached to that item. If the guarantee is not applicable, the estimate may be performed by another dealer.

Once authorized by AFE, the repair must be performed by the dealer that did the estimate.

Communication aid device

The cost estimate for repairing a communication aid device must be done by the technical assistance service of the rehabilitation centre.

Once authorized by AFE, the repair must be performed by the same technical assistance service.

Procedure

To apply for the authorization of equipment repair or replacement, you must have filled out beforehand the *Application for a Special Needs Allowance* on-line form, which is available on the AFE Web site at www.afe.gouv.qc.ca. You must have filled out that form even if, for the current award year, you are not applying for a special needs allowance relating to any of the types of assistance available (e.g. specialized services, material resources, paratransit or special needs housing).

If you filled out the Application for a Special Needs Allowance on-line form for the current award year, but you did not request an allowance for any of the types of assistance available:

Send this form, duly completed, and the transmittal slip provided at the end of the *Application for a Special Needs Allowance* on-line form to the address indicated at the bottom of the page.

If you filled out the Application for a Special Needs Allowance on-line form for the current award year, and you requested an allowance for any of the types of assistance available:

Send this form, duly completed, to the address indicated at the bottom of the page. If you have not yet sent a *Recommendation on Types of Assistance Required* form, have one filled out by the person responsible for integrating disabled students at your educational institution and send it to the same address.

1 Identification of student

Last name		Permanent code assigned by Ministère	
First name		Date of birth Y M D	
Number	Street	Direction (North, South, East, West)	
Apartment	Municipality		
Municipality (cont.)	Province	Postal code	Telephone number Area code Extension

2 Information relating to the application for a special needs allowance

To apply for the authorization of equipment repair or replacement, you must have filled out beforehand the *Application for a Special Needs Allowance* on-line form.

Please check the box that corresponds to your situation:

- I have filled out the *Application for a Special Needs Allowance* on-line form and requested an allowance for one of the types of assistance available. (You are not required to have section 3 below filled out.)
- I have filled out the *Application for a Special Needs Allowance* on-line form, but I did not request an allowance for one of the types of assistance available. (You are required to have section 3 below filled out by an authorized person with the financial assistance office of your educational institution.)

3 Confirmation of school attendance

This section must be filled out by an authorized person with the financial assistance office of your educational institution.

Please specify the level of education corresponding to the studies pursued by the student and provide the information requested. You must then fill out section 3A or 3B of this form.

Regular path

- College Pre-university studies
 Technical training
- University Undergraduate, graduate, postgraduate

Continuous path

- Secondary level Adult education
 Vocational training (DVS)
 Vocational training (AVS)
- College Pre-university studies (accelerated DCS)
 Attestation of college studies (ACS)

Name of educational institution	Code assigned by Ministère	Stamp compulsory
Last name of authorized person with the financial assistance office		
First name of authorized person with the financial assistance office		
Signature		Date Y M D

Last and first names of student

Permanent code assigned by Ministère

4 Application for the authorization of equipment repair

I am requesting authorization to have the following equipment repaired:

- Desktop
 Laptop
 Communication aid device

Cost at purchase (tax incl.)

Date of purchase

\$ _____ . _____

Y _____ M _____ D _____

X _____

Signature of student

5 Cost estimate of repair

This section must be filled out by the dealer in the case of computer repairs or by an authorized person with the technical assistance service in the case of communication aid device repairs.

Cost estimate of repair _____

Can the equipment be repaired? Yes No

Description	Quantity billed	Unit price	Amount
_____	_____	\$ _____ . _____	\$ _____ . _____
_____	_____	\$ _____ . _____	\$ _____ . _____
_____	_____	\$ _____ . _____	\$ _____ . _____
_____	_____	\$ _____ . _____	\$ _____ . _____
_____	_____	\$ _____ . _____	\$ _____ . _____
_____	_____	\$ _____ . _____	\$ _____ . _____
			GST \$ _____ . _____
			QST \$ _____ . _____
			Total cost \$ _____ . _____

Technical assistance service or dealer _____

Name of establishment or business

Number

Street

Direction

(North, South, East, West)

Apartment

Municipality

Municipality (cont.)

Province

Postal code

Telephone number

Area code

Extension

Last name of person who filled out this section

Fax number

Area code

First name
