

Application for the Authorization of Equipment Repair or Replacement Allowance for Special Needs Program 2009-2010

Preschool, elementary and secondary education

This form is intended for any student who has acquired equipment under the Allowance for Special Needs Program and must have it repaired or replaced.

Youth

General Information

The coverage provided by the manufacturer's guarantee takes precedence over any authorization for 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 provided 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 provided by another dealer.

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

Communication aid device

The cost estimate for repairing a communication aid device must be provided 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

1. Fill out sections 1 and 3 of the form.
2. Have section 2 of the form filled out by an authorized person with the administration of the educational institution and section 4 by the dealer that sold you the equipment, in the case of a computer, or the technical assistance service of the rehabilitation centre, in the case of a communication aid device.
3. If the equipment cannot be repaired or if the cost of repairs exceeds 60% of the initial purchase cost or the current replacement cost, fill out section 5 of the form.
4. Fax or mail your document to us, duly completed, at the coordinates below:

Aide financière aux études
Ministère de l'Éducation, du Loisir et du Sport
1035, rue De La Chevrotière
Québec (Québec) G1R 5A5
Fax: 418 528-0318

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(1 of 2)

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1 Identification of student

Last name		Permanent code assigned by Ministère	
_____		_____	
First name	Date of birth		
_____	Y M D		
_____	_____		

2 Confirmation of school attendance

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

Please specify the start and end dates of the courses, the number of course hours per week and the program of study.

Start date of courses	End date of courses	Hours of courses/week
Y M D	Y M D	
_____	_____	_____

Name of program of study

Name of educational institution

Code assigned by Ministère

Stamp
compulsory

Last name of authorized person

First name of authorized person

Date

Y M D

Signature **X**

3 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.)

Year of purchase

X _____ \$ _____ . _____

Signature of student or person with parental authority

Last and first names of student

Permanent code assigned by Ministère

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4 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

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Number	Street	Direction (North, South, East, West)

Appartment	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

5 Application for the authorization of equipment replacement

You can apply for authorization to have equipment replaced if such equipment cannot be repaired or if the cost of the repairs exceeds 60% of the initial purchase cost or the current replacement cost.

I am requesting authorization to have the equipment replaced.
(Please enclose an official document from the supplier confirming the estimated purchase cost.)

Sale price	\$ _____ .
GST	\$ _____ .
QST	\$ _____ .
Total cost	\$ _____ .

X _____
Signature of student or person with parental authority