

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 *Youth Criminal Justice Act*.

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

Officer in charge at the Québec youth centre _____

Position _____

Telephone _____
Area code _____

Name and address of the Québec youth centre _____

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

Y	M	D

Date on which the Québec youth centre ceased or will cease to provide for the student's needs

Y	M	D

Does the placement decision or order include payments of support? Yes No

After his or her placement, the student will live:

with his or her father _____
First and last names

with his or her mother _____
First and last names

with both parents

with his or her sponsor (within the meaning of the *Immigration and Refugee Protection Act*)

elsewhere

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

Section 2 – Description of Situation (cont.)

2.2 Student Entrusted to a Guardian

Student who, pursuant to a court judgment, has been entrusted to the custody of a guardian (grandparent, aunt or uncle, neighbour, etc.) without having been legally adopted.

The guardian must complete and sign this subsection. The student must then sign where indicated.

Name of guardian _____ Telephone _____
Area code

Address of guardian _____

The student was entrusted to my care on Y M D

Guardian's signature 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

You must provide a copy of the court judgment attesting that you have been entrusted to the custody of a guardian.

2.3 Student whose family situation has degenerated

Students in a family situation that has degenerated due to, for example, alcoholism, incest, violence or serious alienation and who are required to leave home (residence of one or both parents) for their health and/or personal safety and in some cases cease all communication with one or both parents.

This subsection must be filled out and signed by a specialist (social worker, psychoeducator, psychologist, psychotherapist, sexologist, human relations officer, social service officer, school adjustment adviser, guidance counsellor, doctor, psychiatrist or psychosocial worker). The student must then sign where indicated and see their school's financial assistance office to learn whether the *Declaration of Father or Sponsor* or *Declaration of Mother or Sponsor* needs to be submitted with their application for financial assistance.

Name of specialist _____

Position _____ Telephone _____
Area code

Name and address of the organization (Québec youth centre, CLSC), hospital or educational institution

Is the student in a serious family situation that is detrimental to his or her health? Yes No

Is the student in a serious family situation that is detrimental to his or her safety? Yes No

Section 2 – Description of Situation (cont.)

Given the above information and the degeneration of the family situation, the student is justified in:

leaving home on

		Y										M							D
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ceasing all communication with his or her father his or her mother both parents as of

		Y										M							D
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Name and address of the parent(s) with whom the student was obliged to cease all communication.

Specialist's signature X _____ Date

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

Student's signature X _____ Date

		Y										M							D
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2.4 Student Whose Parents, Sponsor or Spouse Cannot Be Located

The place of residence or work of one or both of the student's parents or the student's sponsor or spouse is unknown to the student and his or her family circle.

The student must complete and sign this subsection. Two of the student's family members must then sign where indicated.

Who cannot be located?

Father _____
First and last names

Mother _____
First and last names

Parents

Sponsor (within the meaning of the *Immigration and Refugee Protection Act*)

Spouse

Give the name, date of birth and the last known address and telephone number of the person or persons.

Give the names of two family members and provide the requested information.

Name _____	Name _____																																										
Relationship _____	Relationship _____																																										
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Address _____	Address _____																																										
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Section 2 – Description of Situation (cont.)

Please provide an explanation or the appropriate supporting documents. If you need additional space, go to Section 3.

Signature of the officer in charge of the halfway house 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

Section 3 – Additional Information

Use this section if you need to provide additional information. Then sign where indicated.

Signature X _____ Date

	Y							M			D

Reserved for the Ministère
