**IR-FTR PLACEMENT FORM**

|  |
| --- |
| **USER IDENTIFICATION** |
| Last name: |  | File No.: |  |
| First Name: |        | Band No.: |  |
|  |  | (if First Nations) |  |
| Date of birth: |      /    /    | Health insurance number: |        | Gender: | [ ]  F  | [ ]  M  |
|  |  |  |  |  |
| **USER’S CONTRIBUTION** |
| User of last-resort financial assistance? | [ ]  Yes [ ]  No  |
| *If yes, check the category*🡺 | [ ]  Social solidarity – SLCE – specific criteria |
|  | [ ]  Social solidarity – severely limited capacity for employment (SLCE)  |
|  | [ ]  Social assistance – temporarily limited capacity for employment |
|  | [ ]  Social assistance – no employment constraints |
| **For a user in Intermediate Resource (IR)** |
| Reintegration prognosis: | [ ]  under 2 years [ ]  2 years or more |
| **APPOINTMENT OF A REPRESENTATIVE** |
|  |  |  |
|  | Number of curator file |  |
| [ ]  **Public curator** |       |  |
|  |  |  |
|  | Full name of the user’s representative |
| [ ]  **Representative** |       |
|  | Mailing address |  |
| [ ]  **Legal representative** | Number | Street | Apartment |
|  |       |       |       |
|  |  |  |
|  | City | Postal code |
|  |       |       |
|  |  |
|  | Home telephone | Work telephone | Extension | Cellphone  | Language of correspondence |
|  |       |       |       |       | [ ]  French [ ]  English |
|  |
| **PLACEMENT  [ ]  MOVE [ ]  END OF PLACEMENT [ ]**  | **DEATH [ ]** Date: |  |
| Type: | [ ]  Continuous | [ ]  Intermittent | [ ]  Complementary | [ ]  Respite |
| From: |       |  | From: |       |       |
|  |  |  |  | (yyyy-mm-dd) | (time) |
| To: |       |  | To: |       |       |
|  |  |  |  | (yyyy-mm-dd) | (time) |
| **COMMENTS** |
|       |
|       |
|       |
|       |
|       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       | / |       |  |       | / |       |
| Name of caseworker | Date |  | Name of IR-FTR caseworker | Date |

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