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

DRFL-089 20190115 - revised