**FORMULAIRE DE PLACEMENT RI-RTF**

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| **IDENTIFICATION DE L’USAGER** | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : | |  | | | | | | | | | | No dossier : | | | |  | | | | | | | |
| Prénom : | |  | | | | | | | | | | No bande : | | | |  | | | | | | | |
|  | |  | | | | | | | | | | (si autochtone) | | | |  | | | | | | | |
| Date naissance : | | | /    / | | | | No assurance maladie : | | | | |  | | | | | | | Sexe : | F | | | M |
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| **CONTRIBUTION DE L'USAGER** | | | | | | | | | | | | | | | | | | | | | | | |
| Usager prestataire d’une aide financière de dernier recours ? | | | | | | | | | | Oui  Non | | | | | | | | | | | | | |
| *Si oui, cochez la catégorie* 🡺 | | | | | | Solidarité sociale – CSE – critères particuliers | | | | | | | | | | | | | | | | | |
|  | | | | | | Solidarité sociale – contraintes sévères (CSE) | | | | | | | | | | | | | | | | | |
|  | | | | | | Aide sociale – contraintes temporaires à l’emploi | | | | | | | | | | | | | | | | | |
|  | | | | | | Aide sociale – sans contraintes à l’emploi | | | | | | | | | | | | | | | | | |
| **Pour un usager en Ressource intermédiaire (RI)** | | | | | | | | | | | | | | | | | | | | | | | |
| Pronostic de réintégration : | | | | | Moins de 2 ans  2 ans et plus | | | | | | | | | | | | | | | | | | |
| **DÉSIGNATION D'UN REPRÉSENTANT** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | | |
|  | | | | Numéro de dossier du curateur | | | | | | |  | | | | | | | | | | | | |
| **Curateur public** | | | |  | | | | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | | |
|  | | | | Prénom et nom de la personne représentant l'usager | | | | | | | | | | | | | | | | | | | |
| **Représentant** | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | Adresse de correspondance | | | | | | | | | | | | |  | | | | | | |
| **Représentant légal** | | | | Numéro | | | | | | Rue | | | | | | | | | | Appartement | | | |
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|  | | | | Ville | | | | | | | | | | | | | | | | Code postal | | | |
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|  | | | | Téléphone au domicile | | | | Téléphone au travail | | | | | | Poste | | | Cellulaire | | | Langue de correspondance | | | |
|  | | | |  | | | |  | | | | | |  | | |  | | | Français  Anglais | | | |
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| **PLACEMENT   DÉPLACEMENT  FIN DE PLACEMENT** | | | | | | | | | | | | | | | | | **DÉCÈS** Date : | | |  | | | |
| Type : | | | | | Continu | | Intermittent | | Complémentaire | | | | | | Répit | | | | | | | | |
| De : |  | | | | | | | | | | |  | Du : | | | | |  | | | |  | |
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| **COMMENTAIRES** | | | | | | | | | | | | | | | | | | | | | | | |
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| Nom de l'intervenant usager | Date |  | Nom de l'intervenant RI-RTF | Date |

DRFL-089 20190115 - révisé