

User: _____ Address: _____

Representative: _____

Caseworker: _____

Pay to	
Email address	

From (Sunday) to (Saturday) <small>Enter the 4 weeks based on the processing calendar</small>	Presence/Supervision Daily tasks support (ATQ)	Signature of employee
	Number of hours	
TOTAL		

RESPIRE			
Date of respite	Number of hours	Amount paid	Signature of employee
		\$	
		\$	
		\$	

Attach supporting document to your claim if your request is for a respite at a Long-Term Care Facility or for other approved services

I declare that the information complies with authorized services.

Beneficiary or representative signature _____

Date _____

<i>Reserved for CISSS de la Côte-Nord (approval)</i>	
USER PROFILE	
Pres.-Superv. / ATQ hourly rate	<input type="text"/> /hour <input type="text"/> \$
Respites	<input type="text"/> \$
TOTAL TO BE PAID	<input type="text"/> \$
Checked by	_____
Date	_____

To avoid any processing delays, please make sure that your claims are up to date and submitted to the CISSS de la Côte-Nord according to the processing calendar.

Reserved for Finance department	
# Provider	_____
Code:	_____
By:	_____
Date:	_____

Choose one of the following methods to submit your claim form:

CISSS de la Côte-Nord / Centre multiservices du SSS de la Côte-Nord
Services SAD / Allocations directes

1070, boulevard Dr-Camille-Marcoux, C.P. 130, Lourdes-de-Blanc-Sablon (Québec) G0G 1W0

Fax: 418 461-2593 / Email: sadfacturation.09cisss@ssss.gouv.qc.ca

Instructions

Reimbursement of fees: Presence/Supervision – ATQ – Respite

User:	Name of beneficiary
Representative:	Representative of beneficiary
Social worker:	Name of caseworker in charge of the case
Address:	Address of beneficiary
Pay to:	Direct allowances are deposited in the bank account of the beneficiary, with the exception of minor children or the presence of a notarized mandate.
Email: <i>Optional</i>	You can provide your email address if you would like to receive your reimbursement notice.

A void cheque is required to receive reimbursements by direct deposit.

Presence/Supervision – Daily tasks support (ATQ)

Date:	Enter one week per line (4 weeks per calendar period).
Number of hours:	Enter the number of hours for each week claimed.
Signature of employee:	The person who provided the services must sign the form to confirm the number of hours.

Respite

Inscribe the date of respite, the number of hours, the total amount paid and the employee signature. A receipt showing the date of the service and the amount paid must be enclosed if your claim is for a respite in a Long-Term Care Facility or for other approved services.

Signature of representative

Signature of beneficiary or representative (person who filled out the claim) and enter date.

Boxes at the bottom of the form

Sections reserved for the person who authorizes payment and for CISSS de la Côte-Nord accounts payable.

**This form is available on the website of the CISSS de la Côte-Nord
under Care and services / Seniors / Home support
www.ciass-cotenord.gouv.qc.ca**