

**SERVICE REQUEST FOR SPECIFIC
ACCESS POINTS AND
GENERAL SOCIAL SERVICES**

Youth MHAH SAPA DITSADP GSS AD-HO

File No.

Last name and first name at birth

Date of birth (YYYY-MM-DD)

Health insurance number: _____ Expiration date (compulsory): _____

GENERAL INFORMATION

Address: _____		Postal code: _____	
Main telephone: _____		Secondary telephone: _____	
Father's name: _____		Mother's name: _____	
Address: _____		Address: _____	
Locality: _____		Locality: _____	
Postal code: _____		Postal code: _____	

Respondent: _____ Relation: _____

Telephone: _____ Possibility to leave a message: Yes No

Spoken language: French English Innu Other: _____

Name of the attending physician: _____

INFORMATION

Medical **Psychosocial**

Diagnosis or diagnostic hypothesis

Motive for the reference (current problem, relevant background, interventions carried out, etc.):

REFERENT

Referred by: _____ Job title: _____

Establishment: _____ Telephone: _____

Signature of the user (if aged 14 or over) or their representative _____ Date _____

Verbal authorization to transmit this form to:

Name: _____	File No.: _____
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ANSWER TO THE REFERENT

Access point / AAOR:

Signature

Date

CONTACT DETAILS OF SPECIFIC ACCESS POINTS

(to send the form and the relevant evaluations and/or documents with the service request)

MENTAL HEALTH (MHAH)

- Baie-Comeau
guichet.acces.smdibc.09ciyss@ssss.gouv.qc.ca
- Lower North Shore
aaor.bcn.09ciyss@ssss.gouv.qc.ca
- Haute-Côte-Nord
aaor.hcn.09ciyss@ssss.gouv.qc.ca
- Hématite
aaor.hematite.09ciyss@ssss.gouv.qc.ca
- Minganie
aaor.minganie.09ciyss@ssss.gouv.qc.ca
- Port-Cartier
aaor.pc.09ciyss@ssss.gouv.qc.ca
- Sept-Îles
Guichet.acces.smisi.09ciyss@ssss.gouv.qc.ca

SENIOR AUTONOMY SUPPORT (SAPA)

- Minganie
guichet.acces.sapa-min.09ciyss@ssss.gouv.qc.ca
- Haute-Côte-Nord
guichet.sapa-hcn.09ciyss@ssss.gouv.qc.ca
- Lower North Shore
guichet.acces.sapa-bcn.09ciyss@ssss.gouv.qc.ca
- Port-Cartier
guichet.acces.sapa-pc.09ciyss@ssss.gouv.qc.ca
- Baie-Comeau
guichet.acces.sapa-bc.09ciyss@ssss.gouv.qc.ca
- Sept-Îles
guichet.acces.sapa-si.09ciyss@ssss.gouv.qc.ca
- Hématite (Provided in Minganie)
guichet.acces.sapa-min.09ciyss@ssss.gouv.qc.ca

- ADDICTION-HOMELESSNESS (AD-HO)**
09.guichet.dependance@ssss.gouv.qc.ca

- YOUTH**
guichet.jeunesse.09ciyss@ssss.gouv.qc.ca

DITSADP guichetditsadp.09ciyss@ssss.gouv.qc.ca

- | | |
|--|--|
| <input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Child motor impairment
<input type="checkbox"/> Language impairment | <input type="checkbox"/> Adult motor impairment
<input type="checkbox"/> Driving
<input type="checkbox"/> Technical support services
<input type="checkbox"/> Intellectual disability and autism spectrum disorders |
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CONTACT DETAILS OF AAOR (Reception, analysis, orientation and reference) and GSS (General social services)**Lower North Shore**aaor.bcn.09ciyss@ssss.gouv.qc.ca

418 461-2144, ext. 611416

Haute-Côte-Nord (Tadoussac to Colombier)aaor.hcn.09ciyss@ssss.gouv.qc.ca**Hématite**aaor.hematite.09ciyss@ssss.gouv.qc.ca**Manicouagan (Baie-Trinité to Ragueneau)**aaor.manic.09ciyss@ssss.gouv.qc.ca**Minganie**aaor.minganie.09ciyss@ssss.gouv.qc.ca

Cellphone: 418 538-0679 (reception worker)

Port-Cartier (Pointe-aux-anglais to Galix)aaor.pc.09ciyss@ssss.gouv.qc.ca**Sept-Îles**aaor.si.09ciyss@ssss.gouv.qc.ca

Telephone: 418 962-9761, ext. 453001 and ask to talk to the reception worker