Gouvernement du Québec
Ministère de la Santé et des Services sociaux

"SHORT TEST FOR NEEDS AND RESOURCES"

Form No.:

Year	Sequence No.

1. IDENTIFICATION

1.1 Shelter

Name

Address (No., street, municipality, province, postal code)

1.2 User

Full name

Date of birth Y M D

2. INFORMATION CONCERNING THE USER'S FINANCIAL SITUATION

2.1 Are you receiving last resort financial assistance under the Individual and Family Assistance Act ?

- **If yes** ☐, **indicate your File No.** _____ and answer Question 3.
- If no ☐, answer Questions 2.2 and following.

2.2 Declaration: liquid assets and income

Available liquid personal assets _____ $

(A) Available monthly personal income $ _____

(B) Social insurance benefits from federal sources, excluding family allowances, included in **(A)** $ _____

Nature of benefits _____

_____

3. CHILDREN

Number of children accompanying you who will also be lodged ▶

Y M D
Date

_____
User's signature

4. SPACE RESERVED FOR USE BY SHELTER

Date of admission	**Date of departure**
Y M D	Y M D
Adult:	Adult:
Child:	Child:
Days present - adult ▶	Days present - child ▶