Gouvernement du Québec
Ministère de la Santé et des Services sociaux

REGISTER OF FORMS
"SHORT TEST
FOR NEEDS AND RESOURCES"

Name of shelter	For the period ending 31 March _____
Administrative region	File No.

					Data collected from persons not receiving financial assistance granted under a program provided for in Chapter I, II, V or VI of Title II of the Individual and Family Assistance Act	
Form No.	Number of children	DAYS PRESENT		File No. * (✓)	Income* *	Available liquid personal income
		Adults	Children			
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	
					A **B**	

** Check here if the person is receiving financial assistance granted under a program provided for in Chapter I, II, V or VI of Title II of the Individual and Family Assistance Act.*

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***** A) Available monthly personal income*** ***B) Federal benefits includes in A***