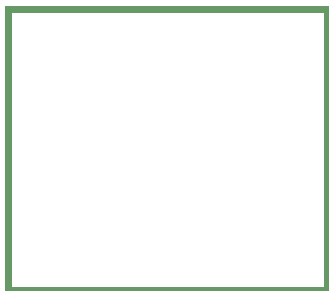


I AM



I am _____ year(s) old

Postal Code _ _ _ _

I have been waiting
for services since

I lost my
services since

I will lose my
services on

I need services for :

- | | | | |
|--|-------|-------|-------|
| <input type="checkbox"/> Family/Individual Support | _____ | _____ | _____ |
| <input type="checkbox"/> Intensive Behavioural Intervention /IBI | _____ | _____ | _____ |
| <input type="checkbox"/> Day Center | _____ | _____ | _____ |
| <input type="checkbox"/> Workshop | _____ | _____ | _____ |
| <input type="checkbox"/> Work Stage | _____ | _____ | _____ |
| <input type="checkbox"/> Employment Integration Support | _____ | _____ | _____ |
| <input type="checkbox"/> Respite Services | _____ | _____ | _____ |
| <input type="checkbox"/> Supervised Residence | _____ | _____ | _____ |
| <input type="checkbox"/> Residential Support | _____ | _____ | _____ |
|
 | | | |
| <input type="checkbox"/> Professional Services | | | |
| <input type="checkbox"/> Speech Therapist | _____ | _____ | _____ |
| <input type="checkbox"/> Occupational Therapist | _____ | _____ | _____ |
| <input type="checkbox"/> Physiotherapist | _____ | _____ | _____ |
| <input type="checkbox"/> Psychologist | _____ | _____ | _____ |
| <input type="checkbox"/> Dietitian | _____ | _____ | _____ |
| <input type="checkbox"/> Social Worker | _____ | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ | _____ |

I HAVE THE RIGHT TO RECEIVE SERVICES !

I understand and I authorize that this information will be given to my member of the National Assembly and to the Ministère de la Santé et des Services sociaux

Signature

Date