

## 2006-2007 Declaration of Exceptional Family Situation

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This form is to be used to report an exceptional situation which, because it involves circumstances beyond the student's control, cannot be assessed according to the standard rules for awarding student financial assistance. The information in this form will remain confidential.

Section	Student Information Student Information	
Last name		Permanent code assigned by the Ministère
First name	Award year to which this form applies	Social insurance number
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## Section Description of Situation Description of Situation

2.1 Student Placed in a Foster Family or Reception Centre				
Student who is placed in a foster family or reception centre in accordance with the <i>Youth Protection Act</i> , the <i>Act respecting health services and social services</i> and the <i>Young Offenders Act</i> . The student may qualify for financial assistance provided his or her living expenses are not otherwise covered under another program or by another organization.				
An authorized person at the youth protection centre must complete and sign this subsection. The student must then sign	n where indicated.			
Officer in charge at the child and youth protection centre				
Position Telephone	Area code			
Name and address of the child and youth protection centre				
The student has been with a foster family or in a reception centre since	I Y I M I D I			
After his or her placement, the student will live:  with his or her father with his or her mother elsewhere with both parents  with his or her placement, the student will live:  his or her father with his or her sponsor (within the meaning of the Immigration and Refugee Protection Act)  elsewhere				
Signature of authorized person X	Date Y M D			
I hereby certify that the information I have provided is accurate and complete.  Student's signature X	Date A A A A A A A A A A A A A A A A A A A			



2.2 Student Entrusted to a Tutor							
Student who has been entrusted to a tutor (grandparent, aunt, uncle, neighbour, etc.) without having been entrusted to a tutor (grandparent, aunt, uncle, neighbour, etc.)	en legally add	opted.					
The tutor must complete and sign this subsection. The student must then sign where indicated.							
		Area cod	e 		ı		
Name of guardian	Telephone			¥		М.	. D
The student has been entrusted to my care since				لله			Ī
Please provide an explanation or appropriate supporting documents. If you need additional space, go to	Section 3.						
				Y		М .	D
Tutor's signature X		Date	Щ	لل			
I hereby certify that the information I have provided is accurate and complete.				Y		М .	. D
Student's signature X		Date	ш	بن			
2.3 Student Whose Family Situation Has Deteriorated							
Student whose family situation has deteriorated to such an extent (as a result of alcoholism, incest, v					ment)	that	t he o
she has had to leave home (the residence of one or both parents) and, in certain cases, to cease all of				-			
This subsection must be completed and signed by a specialist (social worker, psychologist, human	relations offi	icer, so	cial s	ervic	e offic	cer, s	specia
education consultant, guidance counsellor, medical doctor or psychiatrist) affiliated with a local commi	unity service	centre	(CLS	C), a	child	and	youth
protection centre or an educational institution. The student must then sign where indicated. In addition, the office at his or her educational institution to find out whether it is necessary to submit the <i>Declaration of Fai</i>							
with the Application for Financial Assistance form.							
Name of specialist							
		Area cod	.		1		
Position	Telephone					1_1	
Name and address of organization (child and youth protection centre, CLSC or educational institution)	)						
Because his or her family situation has deteriorated, the student was obliged to:							
☐ leave home on			Ι.	Y I I	ı	M	D
				Υ	i	М	l D
☐ cease all communication with ☐ his or her father ☐ his or her mother ☐ both p	arents	as of					
Please provide an explanation or appropriate supporting documents. If you need additional space, go to	Section 3.						



Explanations (cont.)		
Specialist's signature X		Date Y M D
I hereby certify that the information I have provided is accurate and comple	te.	. Y . M . D .
Student's signature X		Date
2.4 Student Whose Parents, Sponsor or Spouse Cannot E	se Located	
The place of residence or place of work of the student's parents, sponsor	or spouse is unknown to the student and	d his or her family circle.
The student must complete and sign this subsection. Two of the student's	family members must then sign where in	ndicated.
Who cannot be located?  Father  Mother  Spouse  Parents	nigration and Refugee Protection Act)	
Give the last known name, date of birth, address and telephone number of	of the person or persons.	
Give the names of two family members and provide the requested information	ation.	
Name	Name	
Relationship	Relationship	Area code
Telephone	Telephone	
Address	Address	



If you are unable to obtain the signatures of two family members, you must explain why in a sworn declaration and attach the original of your declaration to this form.					
Please provide an explanation or appropriate supporting documents. If you need additional space, go to Section 3.					
Signature of family member X	Date Y M D				
Signature of other family member X	Date				
I hereby certify that the information I have provided is accurate and complete.  Student's signature X	Date I I				
2.5 Student Whose Parents are in a Special Residence					
The parents are in a facility where the student is not allowed to reside.					
The officer in charge of the special residence must complete and sign this subsection. The student must then sig	n where indicated.				
Name of the officer in charge of the special residence	Area code				
Position Telephone	Area code				
Special residence (name and address)					
Who is living in a special residence?  Father Parents  Mother Sponsor (within the meaning of the <i>Immigration and Refugee Protection Act</i> )					
Check the appropriate box.  In a reception centre since  In a residential centre since	since Y M D				
☐ In a hospital centre since ☐ In a penal institution sin	nce				
Signature of officer in charge of the special residence X	_ Date M _ D				
I hereby certify that the information I have provided is accurate and complete.  Student's signature X	_ Date I _ I _ I				
2.6 Student Living in a Halfway House					
Student who is living in a halfway house.					
The officer in charge of the halfway house must complete and sign this subsection. The student must then sign whe					
Name of the officer in charge of the halfway house Telephone	Area code				
The student has been living in a halfway house since \[ \begin{array}{c ccc} Y & M & D & \\ & & & \end{array} \] and will live there until	Y M D				
If the student is serving a prison sentence, give the start and end dates: from	to Y M D				

Section 2	Description of Situation (cont.)	nt.)
section	Description of situation (conf.)	

Section (comp	
Please provide an explanation or appropriate supporting documents. If you need additional space, go to Section 3.	
Signature of officer in charge of the halfway house X	Date Y M D
I hereby certify that the information I have provided is accurate and complete.  Student's signature X	Date Y M D

Section_3	Additional Information

Use this section if you need to provide additional information. Then sign where indicated.	
Signature X	Date Y M D
Reserved for the Ministère	