


FAMILY SUPPORT PROGRAM

CONFIRMATION OF RESPITE AND BABYSITTING (children and adult) SERVICES

| | |
|-------------------------------|---|
| IDENTIFICATION OF THE PATIENT | (Please complete the information below) |
| Last name: | File number: P0 |
| First name: | |
| Address: | |
| Laval (Quebec) ZIP CODE: | |
| Phone number: | |

20__-20__ SUBSIDISED SERVICES:

 **Please complete this form as a supporting document and KEEP in your files for later consultation.** The CISSS of Laval may send you a written demand asking you to justify the subsidy amount by presenting the below justification document and receipts. **Please note that all unused and unjustified amounts will have to be returned to the CISSS the Laval.**

Babysitting services (children and adults)

- Please write the number of hours and/or numbers of payed days.

Example:

| Week of : | Hours or days used during the week | Total \$ amount payed | Signature |
|--------------------------|------------------------------------|-----------------------|-----------------|
| January 3rd to 9th, 2023 | 5 hours | 50\$ | Mrs. Joy Kidman |

Respite services

- Keep and provide, upon demand, the original receipts for the following respite services:
 - Day camp and stay
 - Specialized activities for people with disabilities
 - Respite day or week-end

| BABYSITTING SERVICES (Children and adults) | | | |
|---|---|-----------------------|-----------|
| REFERENCE PERIOD: APRIL 1 st 20__ TO MARCH 31 st 20__ | | | |
| Week of : | Hours or total of used days during the week | Total \$ amount payed | Signature |
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| BABYSITTING SERVICES (Children and adults) | | | |
|---|---|-----------------------|-----------|
| REFERENCE PERIOD: APRIL 1 st 20__ TO MARCH 31 st 20__ | | | |
| Week of : | Hours or total of used days during the week | Total \$ amount payed | Signature |
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| RESPITE SERVICES | | |
|---|--------------|---|
| REFERENCE PERIOD: APRIL 1 st 20__ TO MARCH 31 st 20__ | | |
| Name of respite service | Payed amount | Payment receipts |
| | | CONSERVE & ATTACH YOUR PAYMENT RECEIPT |
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For any questions or if you need additional information, please contact the person in charge of your file.



To print another copy, please visit lavalensanté.ca

- ✓ Click on : [Care and services](#) / [List of care and services](#) / D-G / [Intellectual disability \(ID\)](#) / [Autism Spectrum Disorder \(ASD\) – Global Developmental Delay \(GDD\)](#) / [Programs for people with disabilities](#) / [Family support](#) / Documentation / [Confirmation of respite and babysitting](#)