

Guidelines for Companion Leisure Card (CAL)

What are the criteria for obtaining your CAL?

You have to:

1. Have a disability: a deficiency, an incapacity
 - Have this disability long-term
 - Have difficulty carrying out your daily activities.
2. Be 5 years of age or older
3. Be a resident of Quebec
4. Need the help of someone accompanying you to participate in a leisure, cultural, or tourist activities
 - You need this companion for at least one of the following reasons:
 - To communicate with others:
Understand information or allow interaction with others, despite the availability of technical aids.
 - To complete the activity safely:
Prevent behavior that could jeopardize your safety or that of others due to unpredictable reactions or to help adequately manage reactions, which can sometimes be sudden and significant.
 - To help you with your personal needs:
Using the toilet: sitting down, getting up, cleaning yourself, drying yourself off; change the protective pants; to dress or undress; ensure the taking of medications or for certain medical care; change of dressings; etc.
 - To feed yourself:
Bring food to mouth, cut food, monitor food intake, including potential swallowing problems, risk of suffocation; ensure the appropriateness of eating behaviors; avoid throwing food or picking from other people's plates, etc. or for complex nutritional care, parenteral nutrition, intravenous hyperalimentation.
 - To move about:
Carry out transfers, reposition yourself regularly in the wheelchair, accompany due to an unsafe endeavour with or without technical

assistance, propel the wheelchair over a long distance, due to fatigue, lack of strength, or to avoid risk of falling on the stairs.

- To orient yourself:

Orient oneself in time, obtain landmarks, and recognize people or property.

How to apply for your CAL?

You must send a complete request. This includes:

1. The CAL application form available online.

You can also request a form by contacting us by email at cal@aqlph.qc.ca or by phone at 1 833 693-2253.

2. A proof of eligibility.
3. A photo of your face.

How to send the complete request?

There are three (3) ways you can send your request:

1. Online
2. By email :
 - Return the completed form, proof of eligibility, and photo to cal@aqlph.qc.ca
3. By mail :
 - Return the completed form, proof of eligibility, and photo to:
AQLPH – CAL
25, rue des Forges, bureau 320
Trois-Rivières (Quebec) G9A 6A7

What proof of eligibility should I send?

Here is the list of accepted proofs of eligibility:

If you are applying for a child aged 5 to 18 years old:

- Canada Child Benefit Notice including the Disabled Child Benefit - PEH (Canada Revenue Agency).

- Notice of the supplement for handicapped children included in the family allowance (Retraite Québec).


If you are applying for an adult:

- Notice of assessment for severe and prolonged impairment in mental or physical functions (Revenu Québec, refundable credit).
- Disabled Person Tax Credit (Canada Revenue Agency).
- Notice of allowance for special needs - Financial assistance for studies (Quebec Ministry of Education).
- Registered Disability Savings Plan Certificate.
- The Quebec accompanying card for intercity bus service (Bus Carriers Federation).
- The companion card from the Société de transport de Montréal (Société de transport de Montréal).
- Valid CNIB identity card.

Government documents provided as proof of eligibility must contain:

- The name of the applicant;
- The date of the document;
- The sentence clearly indicating access to the program.



Please note : The TLCS  is not accepted as proof of eligibility.

What if I don't have proof of eligibility?

If you are a person with a disability but you do not have any of the accepted evidence:

1. Print the document [section E](#) of the CAL application form.
2. Ask a health and social services worker/professional to complete the document.

The following professionals can complete this document:

- Audiologist

- Criminologist
- Specialized educator or specialized education technician
- Occupational therapist
- Nurse
- Respiratory therapist
- Family doctor (general practitioner)
- Specialist physician (cardiologist, pulmonologist, neurologist, psychiatrist, ophthalmologist, rheumatologist, etc.)
- Optometrist
- Speech Therapist
- Physiotherapist
- Psychoeducator
- Psychologist
- Specialist in visual impairment rehabilitation
- Specialist in orientation and mobility
- Social worker or social work technician
- Physical rehabilitation therapist

3. Complete the online form and attach Section F in the space provided. Or send everything by email or by mail

Which photo should I send and why?

You must send a photo of your face. It will be printed on your CAL to identify you.

The photo must meet the following criteria:

- If you are emailing the photo or attaching it to your online application, the extension or format of the photo must be JPG.
- The photo can be taken with your cell phone.
- The photo must have been taken within the last six (6) months.
- The photo can be in black and white or in color.
- The photo must be clear:
 - Your face should be clear, with no reflection in the glasses, no hat, and no shadow.

Application Form for the Companion Leisure Card (CAL)

Don't forget to attach to the form:

- Photo of the applicant (clear face, visible, no accessories)
- Proof of eligibility OR section E completed by health and social services worker/professional

| A Applicant Information – section to be completed by all | | | |
|---|---------------------------------|-------------------------------|--------------------------------|
| First name | | Last name | |
| Civic number | Street | | Apt |
| City | | Province | Postal code |
| Home phone | Office phone | Cell phone | |
| Gender : | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| Email address | | | |
| Date of birth (YYYY-MM-DD) | | | |

I need assistance with:

- | | |
|--|---|
| <input type="checkbox"/> Communicating with others | <input type="checkbox"/> Feeding myself |
| <input type="checkbox"/> Completing activities safely | <input type="checkbox"/> Moving around |
| <input type="checkbox"/> Helping me with my personal needs | <input type="checkbox"/> Orienting myself |

If applicable, include any other relevant information regarding your assistance needs:

B**Contact information for applicant's representative (if applicable)**

| | | | |
|--|--------------|-----------------------------------|--|
| First name | | Last name | |
| Home phone | Office phone | Cell phone | |
| Email address | | | |
| Relationship with the person with a disability | | | |
| <input type="checkbox"/> Father/mother | | <input type="checkbox"/> Curator | |
| <input type="checkbox"/> Spouse | | <input type="checkbox"/> Guardian | |
| <input type="checkbox"/> Other : | | | |

C**Commitment and signature of the person requesting the card****To be completed by all**

If I obtain the Companion Leisure Card, I agree to:

- Present the card to partner organizations that recognize it;
- Choose a person capable of acting as an assistant and to meet my needs for an adequate and safe activity experience;
- Inform the CAL team of any change of contact information, loss, theft, or damage of the card;
- Respect the rule on not lending the card to another person.

I certify that the information I have provided to determine my eligibility for the card is true.

Signature of applicant or representative

Date (YYYY-MM-DD)

Section D is to be completed by individuals who do not have proof of eligibility

| D Authorization to disclose personal information for verification by a professional in the health and social services network | |
|---|----------------------------|
| I authorize the health care worker, whose name appears below, to confirm the information provided in section A for the sole purpose of accessing the CAL. | |
| First name of health worker | Last name of health worker |
| First name of applicant | Last name of applicant |
| Date of birth (YYYY-MM-DD) | |
| Signature of applicant or representative | |
| Date (YYYY-MM-DD) | |

See the list of authorized health care workers in the guidelines document.

This authorization is valid for 90 days from the date of signature.

Section E must be completed by the health care professional

| | |
|---|---|
| E Attestation by a health or social services professional | |
| Based on the information available to me, I certify that the applicant, whose name appears below, requires support for the following reasons: | |
| <input type="checkbox"/> Communicating with others | <input type="checkbox"/> Feeding themselves |
| <input type="checkbox"/> Completing activities safely | <input type="checkbox"/> Moving around |
| <input type="checkbox"/> Help with personal needs | <input type="checkbox"/> Orienting themselves |
| If applicable, list any other pertinent information regarding their support needs: | |
| | |
| First name of applicant | Last name of applicant |
| Date of birth (YYYY-MM-DD) | |

Information on the health and social services professional

| | | | |
|-------------------------------|--------|----------------------------|-------------|
| First name of health worker | | Last name of health worker | |
| Name of the institution | | | |
| Civic number | Street | | Office |
| City | | Province | Postal Code |
| Phone | Fax | Email address | |
| Signature of the professional | | Date (YYYY-MM-DD) | |
| Profession | | License No. | |

Section facultative

This section of the form is optional. This information will remain confidential and will only be used to better understand the user's profile in order to offer you better services.

Please identify your **primary disability** by checking the appropriate box:

- Hearing impairment
- Language impairment (aphasia, dysphasia)
- Intellectual disability
- Motor/physical impairment
- Visual impairment
- Autism spectrum disorder
- Other :

Protection of personal information – information for all

The personal information collected is necessary to review your application. Only appropriate staff within the CAL team can access it.

The CAL is issued by the Association québécoise pour le loisir des personnes handicapées (AQLPH), with the support of the regional authorities responsible for leisure activities for people with disabilities and the financial support from the Government of Quebec.