

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
Considering that the CAL must be renewed every 5 years, will the applicant still have the same support needs in 5 years?	
<input type="checkbox"/> To validate	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)	

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.

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Optional section

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.