



# OVENIGHT CAMP AND RESPITES

## FINANCIAL ASSISTANCE – 2026-2027

We are sending you a financial assistance application form applicable to the accommodation fees for your child or teenager living with a hearing impairment, language impairment, intellectual disability, autism spectrum disorder, or multiple disabilities. This excludes registration and transportation fees. (An exception may apply for a child accompanying a sibling.) **Some adults may also be eligible for financial assistance** if they live at home with their parent(s) rather than in a residential facility.

**Important:** All applications will be treated with the utmost confidentiality. Incomplete applications will delay processing, so it is essential to answer all questions and provide all required documents. This assistance applies only to camp fees for summer camp or respite stays for the current year (2026-2027).

Camper's name :

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Birth date :

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Costs of stay(s)  
(Excluding options)

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Number of people at home :

Children :

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Number of people at home :

Adults :

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Family total income :

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*This includes the salaries of all family members, income security, pensions, child support, household support, employment insurance, social security, CSST and any other income.*

**Mandatory: provide the Notice of Assessment (T-451) issued by the Canada Revenue Agency, or provide the Notice of Assessment (TPF-98 or TPF-99) issued by the Ministère du Revenu du Québec for the year preceding your stay or the last notice received. If the participant is already receiving financial support from an external organization, the Centre's financial assistance will apply to the balance to be paid by the parent or foster family only after the application of the payment contributed by the external organization.**

**Other information that could justify an application for financial assistance:**

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I authorize the Centre Notre-Dame-de-Fatima to send the documents concerning my application for financial assistance (CNDF application form, audiogram, copy of income tax return, notice of assessment) to a third party if necessary.

Signature of applicant

Date (dd/mm/yyyy)

**Reserved for administration.**

Financial assistance granted :

Date :

By :

Other :



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