

## Certificate of Ongoing Assistance

### Caregiver having no family relationship with the care receiver

Complete this form if you claimed the tax credit for caregivers and you must provide a certificate confirming that you have been designated to provide ongoing assistance in a non-professional and unofficial capacity to a person having no family relationship with you (hereafter the "eligible care receiver") so that the person can carry out a basic activity of daily living.

A *Certificate Respecting an Impairment* (TP-752.0.14-V) or *Disability Tax Credit Certificate* (federal form T2201) must have been completed to confirm that the eligible care receiver has a severe and prolonged impairment in physical or mental functions, and Part 3 of form TP-752.0.14-V must have been completed to confirm that the eligible care receiver needs assistance.

The certificate of ongoing assistance must be renewed no later than three years after the date of the initial tax credit for caregivers application and every three years thereafter. You must file a new certificate of ongoing assistance if you begin providing ongoing assistance to a new eligible care receiver.

Complete parts 1 and 2 of this form, have parts 3 and 4 completed by the eligible caregiver and have Part 5 completed by a health professional in the health and social services network or a health professional in the private sector who is a member of a professional order.

#### Where to send the form

Enclose this form with your income tax return or send it with a signed letter to one of the following addresses:

- C. P. 3000, succursale Place-Desjardins, Montréal (Québec) H5B 1A4
- 3800, rue de Marly, Québec (Québec) G1X 4A5

Your letter must give your social insurance number and state that you completed Schedule H of your return to claim the tax credit for caregivers.

### 1 Information about you (caregiver)

Social insurance number	Date of birth		
01	02		
		Y Y Y Y M M D D	
Last name		First name	
03		04	
Apartment	Number	Street, P.O. box	
05			
City, town or municipality		Province	Postal code
06			07

### 2 Certification of caregiver

I certify that all information in this form is accurate and complete to the best of my knowledge. I confirm that I am the caregiver of the person named in Part 3 and that I provide ongoing assistance so that the person can carry out a basic activity of daily living. I understand that making a false statement can lead to penalties and constitute an offence under the *Tax Administration Act*. I authorize the Ministère de la Santé et des Services sociaux to share my personal information with Revenu Québec for the purposes of the tax credit for caregivers.

Signature of caregiver

Date

### 3 Information about the eligible care receiver

Social insurance number	Date of birth		
08	09		
		Y Y Y Y M M D D	
Last name		First name	
10		11	
Apartment	Number	Street, P.O. box	
12			
City, town or municipality		Province	Postal code
13			14



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Assistance start date

15										
	Y	Y	Y	Y	M	M	D	D		

#### 4 Certification of the eligible care receiver

I designate the person named in Part 1 to provide me with ongoing assistance as of the date above in order to carry out a basic activity of daily living. I certify that all information in this form is accurate and complete to the best of my knowledge. I understand that making a false statement can lead to penalties and constitute an offence under the *Tax Administration Act*. I authorize the Ministère de la Santé et des Services sociaux to share my personal information with Revenu Québec for the purposes of the tax credit for caregivers.

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 Signature of eligible care receiver

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 Date

#### 5 Certification of health professional

As a **health professional in the health and social services network or a professional in the private sector** mandated by the health and social services network to provide services to the eligible care receiver, I confirm that the caregiver named in Part 1 was designated by the eligible care receiver named in Part 3 to provide him or her with ongoing assistance to carry out a basic activity of daily living.

Last name

16

First name

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Office address

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Professional category

19

Provincial licence number or professional order member number

20

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 Signature

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 Date

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 Area code

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 Telephone

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 Extension


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