

Certification of Dependent Senior Status Tax Credit for Home-Support Services for Seniors

Use this form if you are claiming the tax credit for home-support services for seniors and are required to provide written certification from a physician or specialized nurse practitioner that you are a dependent senior.

Send the duly completed form to the following address:

Revenu Québec
3800, rue de Marly
C. P. 25100, succursale Terminus
Québec (Québec) G1K 0B1

Complete Part 1 of the form and have your physician or a specialized nurse practitioner complete Part 2 and Part 3.

1 Information about you

Last name

1

First name

2

Date of birth

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Apartment Street number Street name, P.O. box

7

City, town or municipality Province Postal code

8 9

2 Medical evaluation (to be completed by the physician or specialized nurse practitioner)

Your patient will be certified as a dependent senior only if you can answer **Yes** to question 20 or 21.

20 Does your patient depend, and will he or she continue to permanently depend, for a prolonged and indefinite period, on other people for most of his or her needs and personal care (personal hygiene, dressing, eating and drinking, personal mobility in the home and transfers)? 1 Yes 2 No 3 Not applicable

21 Does your patient require constant supervision because of a serious mental disorder characterized by an irreversible breakdown in thought activity? 1 Yes 2 No 3 Not applicable

22 If you answered **Yes** to question 20 or 21, enter the date on which, to the best of your knowledge, your patient became dependent.

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3 Certification by the physician or specialized nurse practitioner

I certify that the information provided in Part 2 of this form is accurate and complete.

Name of physician or specialized nurse practitioner (please print)

Signature of physician or specialized nurse practitioner

Date

Number of provincial licence

Area code

Telephone

