

# 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

6

Y Y Y Y M M D D

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

\_\_\_\_\_  
Signature of physician or specialized nurse practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Number of provincial licence

\_\_\_\_\_  
Area code

\_\_\_\_\_  
Telephone

