# Authorization to assist in managing the resident’s financial affairs

|  |  |  |
| --- | --- | --- |
| Facility: | |  |
|  | CHSLD Heather  CHSLD des Moulins  CHSLD Émile McDuff | |
|  | CHSLD Louise-Faubert  CHSLD Marguerite-Rocheleau  CHSLD Michèle-Bohec | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Room number: | | |  |  | Date: |  |
| Resident’s name: |  | | | | | |
| Representative’s name: | |  | | | | |

I authorize the social worker and liaison officer to support me in my financial affairs (going to a financial institution, carrying out the steps involved in the application for exemption and/or helping to manage my expenses).

For each expense, the social worker will have the resident or their representative give their consent by signing off on the purchase.

I acknowledge that I am responsible for my financial situation. I also acknowledge that it is my responsibility to carry out the steps involved in the application for exemption in order to benefit from a rent reduction from the RAMQ. The facility, social worker and/or liaison officer will not be held responsible for financial losses or other damages.

**After having read, understood and approved this agreement, I am signing it with my full knowledge.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of resident or respondent (in block letters) |  | Signature |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Name of liaison officer (in block letters |  | Signature |  | Date |