

Information Guide

All of the information requested in this form is required for the study of your application for financial assistance. The Ministère de l'Emploi et de la Solidarité sociale ("the Department") may, at any time and without your consent, check information with public or private organizations in order to verify your eligibility for this program.

Be sure to read the Information Guide carefully before completing each section of the form. Once you have completed and signed the form, please submit it, along with all of the required supporting documents, to the nearest local employment centre (CLE). We will then get in touch with you.

Eligibility criteria

You must meet all of the following criteria, during the full length of your eligibility if applicable:

1. a) Be an employee¹ who was **dismissed**² in Québec between April 1, 2009, and March 31, 2013 (in the case of workers in the asbestos extraction sector), or between April 1, 2009 and December 31, 2012 (for workers in the other sectors), **or**
 - b) Be an employee who was **laid off**³ in Québec between April 1, 2009, and March 31, 2013 (in the case of workers in the asbestos extraction sector), or, for workers in the other sectors, between April 1, 2009 and December 31, 2012 (note that financial assistance may be granted under the program only after six consecutive months of layoff), **or**
 - c) Be a **self-employed worker** whose income depends entirely on contracts with businesses established in Québec, where all of these contracts ended for economic or technological reasons between April 1, 2009, and March 31, 2013 (in the case of work carried out for a company or companies in the asbestos extraction sector), or between April 1, 2009 and December 31, 2012, (for the other sectors). Self-employed workers whose income depends on forest industry contracts that ended between May 1, 2006, and December 31, 2012, are also eligible for the program.
 2. Live in Québec;
 3. Have at least three months of continuous service at the time of the dismissal or layoff.
 4. Be at least 55 years old and under age 60 at the time of the dismissal or layoff.
 5. Have contributed to the Québec Pension Plan or the Canada Pension Plan during at least 20 of the last 30 years prior to being dismissed or laid off.
 6. Not be an employee who is on strike or locked out within the meaning of the *Labour Code*, who has been laid off by an establishment the activities of which are seasonal or intermittent, or who has been dismissed or laid off due to a case of force majeure not related to economic reasons (e.g., a fire).
 7. Be a Canadian citizen within the meaning of the *Citizenship Act*, a registered Indian within the meaning of the *Indian Act*, a permanent resident within the meaning of the *Immigration and Refugee Protection Act* or a person to whom asylum has been granted under the latter Act by the competent Canadian authority.
 8. Not be a person covered by the income security program administered by the Department of Indian Affairs and Northern Development.
 9. Not attend a secondary-level educational institution in a vocational program or a postsecondary educational institution, within the meaning of the legislation governing last-resort financial assistance, other than within the framework of an employment-assistance or social assistance and support measure or program.
 10. Not be a student who works during the school year for an enterprise chosen by an educational institution by virtue of a work orientation program approved by the Ministère de l'Éducation, du Loisir et du Sport.
 11. Not be incarcerated in a penitentiary or detained in a house of detention or other prison, or be required to reside in a half-way house, unless you are an adult accused who is required to reside in a half-way house.
 12. Not be an adult sheltered in a facility within the meaning of the *Act respecting health services and social services*.
 13. Not be a member of a religious community that has the means to provide for its members.
 14. Not receive financial assistance under any of the support programs for workers affected by collective dismissals established by the Ministère de l'Emploi et de la Solidarité sociale.
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1. For the purposes of the Income Support Program for Older Workers, adults are not considered to be employees if:
 - they cannot prove more than three months of continuous service;
 - their contract for a fixed term or for a specific undertaking has expired;
 - they are guilty of serious misconduct or have been dismissed for cause.
 2. The term "dismissal" applies to the permanent termination by an employer of the individual contract(s) of one or more or all of the members of his or her personnel for economic or technology-related reasons.
 3. The term "layoff" applies to a temporary loss of employment due to internal organizational reasons or economic reasons. The employer-employee relationship is maintained.

Filing of application

If you are eligible for employment insurance benefits, you must file your application no later than during the third month following the end of your eligibility for these benefits.

If you are ineligible for employment insurance benefits further to a **dismissal**, you must file your application no later than during the fourth month following the month of dismissal.

If you are ineligible for employment insurance benefits further to a **layoff**, you must file your application no later than during the seventh month following your layoff.

Your obligations

1. Use this form to file your application and provide any documents and information required to determine your eligibility and the benefit amount.
2. Inform the local employment centre (CLE) without delay of any change in your circumstances that could affect the amount of financial assistance granted.
3. Submit monthly statements on your circumstances, by the specified deadline, using the form provided for this purpose by the Ministère de l'Emploi et de la Solidarité sociale.
4. Exercise your rights or avail yourself of any benefits to which you may be entitled under a statute other than the *Individual and Family Assistance Act*, if the realization of these rights or benefits affects your eligibility for the program or reduces the amount of the benefit.
5. With support from public employment services if applicable, undertake efforts adapted to your situation in order to re-enter the labour market and, for the duration of the program, remain available for work unless you are unable to work due to your physical or mental condition and your inability is confirmed by a medical document.
6. Not quit or refuse suitable employment without serious cause or deliberately lose suitable employment so as to become or render your family eligible for the program.
7. Reimburse the Department any amounts you receive to which you are not entitled.

Failure to fulfil any of your obligations may result in the refusal of your application, a reduction in your financial assistance, the end of your eligibility or a claim for repayment of the amounts granted.

Required documents

Identity documents

- If you were born in Canada:
 - Canadian birth certificate (wallet size or large format).
* In Québec, birth certificates are issued by the Directeur de l'état civil. Elsewhere in Canada they are issued by the office responsible for vital statistics in the province or territory of birth.
- If you were born outside Canada, one of the following documents:
 - immigrant visa and record of landing (IMM-1000);
 - confirmation of permanent residence (IMM-5292 or IMM-5688);
 - letter from the Immigration and Refugee Board of Canada confirming the granting of refugee or protected person status;
 - permanent resident card;
 - documents related to your request for asylum;
 - authorization to enter Canada.

ID card with a photograph, for identification purposes only (health insurance card, driver's licence, passport, permanent resident card). No cards or copies will be kept in your file.

Income

If applicable, you must provide any documents required to determine your current income, including income that ends during the month of your application:

- Documents related to your work income: paycheque stubs, employment records;
- Documents related to your income from government agencies: proof of employment insurance income, income from the Régie des rentes du Québec (RRQ), Québec Parental Insurance Plan benefits, compensation from the Commission de la santé et de la sécurité du travail (CSST), compensation from the Société de l'assurance automobile du Québec (SAAQ), Canada Pension Plan income, etc.;
- Documents related to your other income: proof of income from roomers or boarders, support payments, etc.

Other documents

- Statement of participation in the Québec Pension Plan;
- Canada Pension Plan statement of contributions;
- Proof of termination of employment further to your dismissal or layoff, specifying your employment start and end dates.

You may also be required to provide additional documents following the study of your file.

Payment of financial assistance

Your eligibility is assessed as of the date on which your duly completed and signed application form is received by the local employment centre (CLE). For the following months, your eligibility is assessed upon receipt of the monthly statements of your circumstances.

Except under exceptional circumstances, financial assistance granted under the program is paid at the beginning of each month.

Financial assistance granted under the program is taxable and must be declared in the recipients' personal income tax returns. The Ministère de l'Emploi et de la Solidarité sociale therefore issues income tax slips. No amounts are withheld at source.

Overpayments

Claims and recovery

Unless they specifically target last-resort financial assistance programs, the recovery rules set forth in the *Individual and Family Assistance Act* apply to claims for repayment issued under this program.

Recourse

You may apply for an administrative reconsideration of any decision rendered by virtue of this program within 30 days following the date on which you are notified of the decision. You must file your application using the form prescribed for this purpose, which you can obtain from a local employment centre (CLE).

Administrative reconsideration decisions are final and may not be appealed. You may apply for a review of any claim issued under this program within 90 days following the date on which you are notified of the claim and, potentially, file an appeal with the Tribunal administratif du Québec. You must file your application using the form prescribed for this purpose, which you can obtain from a local employment centre (CLE).

**BE SURE TO READ THE INFORMATION GUIDE CAREFULLY BEFORE COMPLETING THE SECTIONS BELOW.
COMPLETE THE WHITE (UNCOLOURED) SECTIONS, IN INK. PLEASE PRINT.**

Section 1 – Information about dismissal or layoff

Enter the name of the business related to your dismissal or layoff:

Address of this business:

Title of position held: _____

Reason for end of employment: _____

Start of employment	Year	Month	Day	End of employment	Year	Month	Day
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Employment status: Permanent On contract On call Seasonal**Section to be completed by the Department**

Date de réception

Vérification des pièces d'identité	Date	Année	Mois	Jour
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Représentant du Ministère

Numéro de dossier
du travailleur**Section 2 – Identification**

Last and first names according to birth certificate or immigration document	Last name											
Date of birth	First name											
	Year	Month	Day									
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female											
Social insurance number												
Are you a member of a religious community?	Yes	No	<input type="checkbox"/> <input type="checkbox"/>									
Are you an adult who is sheltered in a facility within the meaning of the <i>Act respecting health and social services</i> ?	Yes	No	<input type="checkbox"/> <input type="checkbox"/>									
Are you incarcerated in a penitentiary, or detained in a house of detention or other prison, or required to reside in a half-way house?	Yes	No	<input type="checkbox"/> <input type="checkbox"/>									
If you were born outside Canada, indicate the date of your arrival and your country of birth	Date of arrival											
	Country of birth											
Preferred language of correspondence	<input type="checkbox"/> 1. French <input type="checkbox"/> 2. English											
Do you consider yourself to be a Native person? (Amerindian or Inuk descent)	Yes	No	If so, are you an:									
	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3. Amerindian living on a reserve? <input type="checkbox"/> 4. Amerindian living off a reserve? <input type="checkbox"/> 5. Inuk?									
If you usually use a name other than the one on your birth certificate, or if you were married before April 2, 1981 and you use your spouse's family name or both your family names, give this name.	Last name											
	First name											

Section 3 – Home address

Home address	Number	Street										Apartment		
	Municipality											Postal code		
Telephone (even if unlisted)	Area code	Number											Area code	Number
	Home:													
													Other (specify):	

Section 4 – Education

Are you currently attending an educational institution? Yes No

- If so, indicate the level of education: General secondary Secondary vocational College or university
- Other (specify): _____

Enrolment is	Number of courses	Number of hours or periods per week	Number of units	Are you or will you be receiving loans or bursaries under a student financial aid program? If so, specify the source:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> full-time <input type="checkbox"/> part-time						

- If not, are you enrolled or planning to enrol? Yes No

Section 5 – Employment restrictions

Does your health status allow you to work? Yes No

- If not, you must provide a medical attestation.

Section 6 – Income

Work income includes:

earnings, gratuities, commissions, bonuses, and allowances used to cover personal and living expenses.

Net salary is calculated:

by deducting federal and provincial income tax, employment insurance and Québec Parental Insurance Plan contributions, contributions to the Québec Pension Plan or a compulsory pension plan, and union dues from your gross salary.

a) Employment income

Do you receive	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Net salary	\$	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
• work income?							
• gratuities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Amount	\$	per <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• income from a farm operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Farm producer number	Type of product sold	Gross annual sales	\$	
• income from self-employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of work		Net income for past 12 months	\$	
• Income from home child care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, care is provided: <input type="checkbox"/> in your home <input type="checkbox"/> outside your home	Amount	\$	per <input type="checkbox"/>	<input type="checkbox"/>

b) Income from government agencies

Do you receive

• maternity, paternity, adoption or parental benefits under the Québec Parental Insurance Plan or the Employment Insurance Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, net amount per week:	If not, application is being processed since <input type="checkbox"/> or benefits expired on
• other employment insurance benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, net amount per week:	Si no, application is being processed since <input type="checkbox"/> or benefits expired on
• benefits under an income support program for workers affected by a collective dismissal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, net amount per month:	Si no, application is being processed since <input type="checkbox"/> or benefits expired on
• an employment-assistance allowance from Emploi-Québec or from the First Nations Human Resources Development Commission of Québec?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Net amount	\$ per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/> Month <input type="checkbox"/>
• benefits from Commission de la santé et de la sécurité du travail (CSST)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>
• benefits from the Régie des rentes du Québec (RRQ), excluding child assistance payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>
• Canada Pension Plan benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>
• compensation from the Société de l'assurance automobile du Québec (SAAQ)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>
• a war veteran's allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>
• income security benefits from the federal government if you belong to a Native community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>
• benefits from another Canadian province or territory, or the United States or other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	per <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/>

Section 6 – Income (continued)

c) Other income

Do you receive • income from roomers or boarders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of roomers <hr/>	Net amount \$ <input type="text"/> per <input type="checkbox"/>	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
			Number of boarders <hr/>	\$ <input type="text"/> per <input type="checkbox"/>			
• support payments in cash or kind (e.g., accommodation paid in full or in part)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If other, specify: <hr/> <hr/>	\$ <input type="text"/> per <input type="checkbox"/>			
• income from rent or ownership? (If so , provide documents to prove net income, e.g., lease, invoices, mortgage statement, municipal and school tax statements, fire insurance statement.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$ <input type="text"/> per <input type="checkbox"/>			
• income from a pension fund (personal or former employer's)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$ <input type="text"/> per <input type="checkbox"/>			
• Other income, earnings or benefits (disability insurance, pensions, mortgage insurance, rent reduction due to work as a janitor, etc.), excluding housing assistance and the Canada Child Tax Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so , indicate the source. <hr/> <hr/>	\$ <input type="text"/> per <input type="checkbox"/>			
Do you expect to receive other income, earnings or benefits (insurance benefits, pension benefits, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so , indicate the source. <hr/> <hr/>	\$ <input type="text"/> per <input type="checkbox"/>			
Have you ceased to receive certain income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so , indicate which income and the date of the last payment. <hr/> <hr/> <hr/>				

Section 7 – Additional information

Please use this section to provide any additional information.

Section 8 – Solemn affirmation

I acknowledge that the Ministère de l'Emploi et de la Solidarité sociale has duly informed me that it may check information about me, without my consent, with various public or private organizations, in order to verify my eligibility.

I hereby confirm, as if under oath, that the information provided in this application form is accurate and complete, and I agree to inform the Ministère de l'Emploi et de la Solidarité sociale immediately of any change in this information. I have read the information Guide on pages 1 and 2 of this form, and hereby agree to fulfil my obligations.

Date _____

Signature