Centre intégré de santé et de services sociaux de la Montérégie-Centre
Québec

TRANSPORTATION AND ACCOMMODATION PROGRAM FOR PEOPLE WITH DISABILITIES - MONTÉRÉGIE

Calendar of visits made for authorized transportation

FINANCIAL YEAR 2026-2027

QUEBEC HEALTH INSURANCE NUMBER: | | | | | | | | | | | | |

IDENTIFICATION OF THE PERSON LIVING WITH DISABILITIES:

Last name: _____ **Fist name:** _____

Circle the days during which the person went to your care center to receive the expected service

		Nb. visits	Nb. meals
	APRIL 2026 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
1	**MAY** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	JUNE 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	REQUIRED SUPPORTING DOCUMENTS FOR JULY 10TH 2025		
	JULY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
2	**AUGUST** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	SEPTEMBER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	REQUIRED SUPPORTING DOCUMENTS FOR OCTOBER 10TH 2025		
	OCTOBER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
3	**NOVEMBER** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30		
	DECEMBER 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	REQUIRED SUPPORTING DOCUMENTS FOR JANUARY 10TH 2026		
	JANUARY 2027 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
4	**FEBRUARY** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29		
	MARCH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31		
	REQUIRED SUPPORTING DOCUMENTS FOR APRIL 10TH 2026		

TOTAL VISITS: _____ **TOTAL MEALS** Disabled person _____

***TOTAL PARKINGS:** _____ **TOTAL MEALS** Attendant _____

MEANS OF TRANSPORTATION:

- ☐ PERSONAL VEHICLE
- ☐ VOLUNTEER TRANSPORTATION ***
- ☐ ADAPTED TRANSPORTATION***
- ☐ TAXI ***
- ☐ PUBLIC TRANSPORT***
- ☐ OTHER: _____

*****Attach supporting documents relating to these trips. One sheet pet establishment visited*****

IDENTIFICATION OF THE CARE CENTER: _____

ADDRESS : _____

NEEDS AND SERVICES RECEIVED: _____

_____
Signature of the healthcare manager or the therapist who gave the health service

20 ___ / ___ / ___
Year Month Day
Date of signature after the last visit

RETURN ADDRESS: Programme Transport et hébergement des personnes handicapées Montérégie
3120, Taschereau blvd
Greenfield Park (Québec) J4V 2H1

Phone number: 450-928-6777, ext. 213553
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