

APPLICANT'S INFORMATION

Last name: _____ First name: _____
 Date of birth: _____ Health insurance number (RAMQ): _____
 Adresse: _____ Apt.: _____ City: _____
 Postal code: _____ Telephone: _____ Email: _____
 Name of parent or tutor (if applicable): _____ Telephone: _____

APPLICANT'S EMPLOYMENT STATUS

Marital status: Single Married or common law spouse Divorced Widow(er)
 Lodging status: Owner Tenant
 Working status Employed: Gross annual revenue: \$ _____ Spouse's gross annual revenue: \$ _____
 Unemployed (Unemployment benefits, welfare, etc.) Retired Student Minor
 Do you have dependent children? Yes: How many? _____ No
 Did you contact other organizations for the same purpose? Yes which ones? _____ No

DETAILS OF APPLICATION

Your application pertains to:
 Hearing aid(s) Right ear Left ear Two ears
 Hearing test
 Other Specify: _____

DOCUMENTS TO PROVIDE WITH APPLICATION

Please note that incomplete applications will not be evaluated by the Donation Attribution Committee.

- Recent audiogram (Less than 10 months)
- Audiological case history (Provided by audiologist)
- Consent for the collection and use of personal information signed (at page 2)
- Notice of assessment for previous year, provincial or federal (All pages) (Parent's or tutor's notice if under 18)
- Notice of assessment of the spouse for previous year, provincial or federal (All pages) (Parent's or tutor's notice if under 18)
- Municipal tax account if you own your home or condo. (If you are an owner) (Parent's or tutor's account if under 18)
- Presentation letter explaining:
 - your activities
 - your current hearing aids (Model, year, which ear)
 - your needs (How can the Foundation help you?)

I hereby confirm that the information provided in this donation request form is accurate and complete to the best of my knowledge.

X _____ Day / Month / Year
 User or authorized person

CONSENT FOR THE COLLECTION AND USE OF PERSONAL INFORMATION

I, the undersigned _____ User name (if different) _____

I authorize the Fondation Groupe Forget, upon the opening of my donation request file or for its update, to collect my personal information for the purposes listed hereafter, which are necessary for the evaluation of my request:

- Evaluation of my hearing needs using a recent audiogram, audiological history, and a letter describing my activities, current hearing devices, and needs;
- Obtaining and reviewing the patient file from Polyclinique de l'Oreille and/or Groupe Forget and/or an Otolaryngologist (ENT doctor), if applicable;
- Gathering additional information from professionals consulted at Polyclinique de l'Oreille and/or Groupe Forget and/or an Otolaryngologist (ENT doctor);
- Evaluation of my financial capacity using the latest property tax statement and assessment notices of the applicant and their spouse, if applicable;
- Ordering of hearing aids, parts, and accessories related to hearing health, including orders placed with suppliers located outside of Quebec;
- Transfer of personal information to relevant hearing healthcare professionals;

My personal information may be collected upon receiving the donation request, through phone calls, emails, or any other follow-ups within the context of my donation request to the Fondation Groupe Forget. All collected personal information is recorded in my donation request file, which can be stored in paper, electronic, or cloud-based formats.

At any time, I can access the personal information about me, request its correction if needed, or withdraw my consent to the retention, communication, or use of the collected personal information.

I expressly consent to the collection, retention, and use of my personal information for the aforementioned purposes and methods, and if necessary for the execution of the given mandate, the transfer to a third party in Quebec or outside Quebec, by the Fondation Groupe Forget.

My consent is clear, free, and informed, and it remains valid until its withdrawal or until the Fondation Groupe Forget has completed the review of the donation request file.

X _____
User or authorized person

Day / Month / Year