

Application for Assistance Toward Vehicle Adaptation  
for a Disability Unrelated to a Traffic AccidentAvec vous,  
au cœur de votre sécurité Initial adaptation Renewal

File number: \_\_\_\_\_

**1 Applicant**

Last name at birth		First name				
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Year	Month	Day	Health insurance card number	Social insurance number
Permanent address (street number, street name, apartment)						
Municipality					Postal code	
Current address if different from above (street number, street name, apartment)						
Municipality					Postal code	
Telephone (home)		Telephone (work)			Other	
Use of hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	Living in a health and social services institution		<input type="checkbox"/> Yes <input type="checkbox"/> No

**2 Representative (where applicable)**

Last name at birth		First name		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Permanent address (street number, street name, apartment)				
Municipality				Postal code
Telephone (home)		Telephone (work)		Other
Relationship to applicant	<input type="checkbox"/> Father, mother or parent <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Spouse <input type="checkbox"/> Other, specify: _____		

**3 Eligibility**

If possible, provide the exact name of your disability or disabilities. Specify the cause and date of onset.

Disability: \_\_\_\_\_

Cause	Date of onset (Year-Month-Day)	
<input type="checkbox"/> Present at birth		
<input type="checkbox"/> Illness		Are you receiving or have you already received compensation from the CNESST for this condition? _____
<input type="checkbox"/> Occupational accident or disease		Are you receiving or have you already received compensation from the SAAQ for this accident? _____
<input type="checkbox"/> Traffic accident		Are you currently receiving or have you already received compensation for this condition? _____
<input type="checkbox"/> Criminal act or combat-related illness or injury		

Description of your limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use technical aids, prostheses, orthopedic devices or other means to compensate for your disability or disabilities and/or to carry out certain everyday living activities?

No    Yes, specify:    Manual wheelchair    Three-wheeled scooter    Four-wheeled scooter    Walker    Cane    Crutches  
 Electric wheelchair    Payer organization, specify: \_\_\_\_\_

#### 4 Additional information

The licence plate number (if known): \_\_\_\_\_

Specify the type of adaptation:  Passenger or  Driver

Driver's licence number (starts with the first letter of your last name): \_\_\_\_\_

In the event that the occupational therapist's recommendations are incompatible with your vehicle,  
would you have the financial capacity to purchase a new vehicle (such as a minivan)?

Yes  No

Do you already have an accessible parking permit?  Yes  No

If not, would you like to obtain one?  Yes  No

For information regarding fees, please visit [saaq.gouv.qc.ca/en/persons-mobility-impairment/replacing-parking-permit](http://saaq.gouv.qc.ca/en/persons-mobility-impairment/replacing-parking-permit).

#### 5 Commitment

I declare that to the best of my knowledge, the information provided on this application is accurate and true. I undertake to promptly notify the Société de l'assurance automobile du Québec (SAAQ) of any change in my situation (or in the situation of \_\_\_\_\_) that would render inaccurate the information provided for the analysis of this application.

Should the SAAQ provide financial assistance toward vehicle adaptation, I agree to use this assistance for the sole purposes described in the letter of acceptance.

\_\_\_\_\_  
Signature of the applicant  
(The applicant must sign if aged 14 or older.)

\_\_\_\_\_  
Date (Year-Month-Day)

\_\_\_\_\_  
Signature the applicant's representative (if applicable)

\_\_\_\_\_  
Date (Year-Month-Day)

**N.B. Representation can only be carried out if the applicant is under age 18, or incapable of administering their property.**

#### 6 Consent

For the purposes of this application or a renewal application, I authorize the SAAQ to disclose the description of the authorized vehicle adaptations with my occupational therapist and/or the vehicle adaption supplier hired to modify the vehicle.

\_\_\_\_\_  
Signature of the applicant  
(The applicant must sign if aged 14 or older.)

\_\_\_\_\_  
Date (Year-Month-Day)

\_\_\_\_\_  
Signature the applicant's representative (if applicable)

\_\_\_\_\_  
Date (Year-Month-Day)

**Medical information shared in connection with the analysis of this application may be used in assessing the applicant's fitness for driving.**

#### Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

For more information, consult the Policy on Privacy on the SAAQ's website at [saaq.gouv.qc.ca/privacy](http://saaq.gouv.qc.ca/privacy) or contact the SAAQ's call centre.

## ADDITIONAL INFORMATION

### TO REQUEST INFORMATION

By telephone: 1-800-525-7719

By fax: 418-643-3346

### DOCUMENTS REQUIRED

All required supporting documents must be enclosed to ensure your application is analyzed as promptly as possible.

### SUBMIT THE APPLICATION

By mail using the return envelope or by fax.

### DIRECTIONS FOR FILLING OUT THE FORM

#### **2 Representative (where applicable)**

If you are submitting the application on behalf of the applicant, enter your contact information as well as your relationship to the applicant (guardian; father, mother or parent; spouse; or other person).

#### **3 Eligibility**

##### **Definition of person with a disability**

A person with a significant and chronic physical or mental impairment and who is limited in the performance of normal activities and who regularly uses a prosthesis or an orthopedic device, or any other means to compensate for their disability.

##### **Functional impairment and limitations**

This section must be filled out and supported by a recent report from a recognized health care professional (physician, occupational therapist, physiotherapist) that describes the functional impairment and limitations justifying the application. This information is necessary to establish that the applicant meets the legal definition of a person with a disability and qualifies for assistance under the Programme d'adaptation de véhicule.

If your disability is the result of a traffic accident, occupational accident or disease, criminal act, or combat-related illness or injury, you must specify whether you are currently receiving or have already received compensation from the SAAQ, the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), IVAC (the Québec government's crime victims compensation program) or from Veterans Affairs.

##### **Description of your limitations**

Describe as best as possible your main limitations in connection with your impairment.

If you use a mobility assistance device, you must specify whether it was obtained through the Program for Devices That Compensate for a Physical Deficiency or the Mobility Scooter Program offered by the Régie de l'assurance maladie du Québec.

#### **4 Additional information**

You must specify whether you have the financial capacity to purchase a new vehicle in the event that your current vehicle is incompatible with the occupational therapist's recommendations.

Also specify whether or not you wish to obtain an accessible parking permit.

#### **5 Commitment**

You must provide all the information and documentation necessary to determine your eligibility for financial assistance toward vehicle adaptation.

##### **Signature of the applicant**

You must sign the application if you are aged 14 or older.

##### **Signature of the representative (if applicable)**

The representative who signs the application must be someone who regularly assists the applicant.

# PROCEDURE FOR HAVING THE VEHICLE ADAPTED

## STEP 1 – Fill out the form (which must be signed and dated in order to render your application valid)

### Enclose with the form:

- The report from an occupational therapist ([www.oeq.org](http://www.oeq.org)). If you have already submitted a report from an occupational therapist to the SAAQ's Service de l'évaluation médicale in connection with your driver's licence conditions, please contact the Service des activités spécialisées at 1-866-702-9213 and leave a voicemail with your contact information. One of our representatives will call you within 24 to 48 hours to let you know if you need to submit another report.
- One or two bids, depending on the scale of the project, from a supplier that specializes in vehicle adaptation and has QAP-accreditation from the Canadian chapter of the National Mobility Equipment Dealers Association (NMEDA). Only one bid is required for an application totalling less than \$2,000. Two bids are required for financial aid applications valued at \$2,000 or more. The list of QAP-accredited mobility equipment dealers is available on the NMEDA website.

## STEP 2 – Submit the form to the SAAQ with the required documents

### By mail

Service des activités spécialisées – activité 123  
Société de l'assurance automobile du Québec  
Case postale 19600, succursale Terminus  
Québec (Québec) G1K 8J6

### By fax

418-643-3346

## STEP 3 – Have the vehicle adapted and inspected

You will be granted financial assistance to adapt your vehicle if our analysis reveals that the solution recommended by the occupational therapist is appropriate for your needs, meets the criteria of the Programme d'adaptation de véhicule, and is the least expensive.

Once you have been informed of the financial assistance to which you are entitled, you may hire an NMEDA-accredited supplier of your choice to carry out the adaptations.

The alterations must meet Transport Canada standards and comply with the *Highway Safety Code* and its regulations.

An inspection by the occupational therapist to ensure that the adaptations are safe and comply with the authorized specifications is required.

### A mechanical inspection may be required.

If so, the vehicle will have to undergo a mechanical inspection at one of our mechanical inspection centres if the alterations concern:

- the braking or acceleration system;
- the steering;
- the suspension.

## STEP 4 – Learn how to drive an adapted vehicle

Once the vehicle is adapted, you will have to familiarize yourself with the newly installed equipment and learn how to drive the vehicle safely.

The cost of training is covered, provided it is required and recommended by an occupational therapist.