

File number: \_\_\_\_\_  
(For CRDP-CAuse only)



**TO BE COMPLETED BY THE CLIENT**

**DRIVING EVALUATION AND REHABILITATION PROGRAM  
ADDITIONAL INFORMATION FOR THE SERVICE REQUESTED**

**To be able to properly assess your eligibility and allow us to properly know your situation, please answer as accurately as possible the following questions:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

What is your assessment need?

- Driver: complete sections 1, 5 and following
- First license: complete sections 1, 2, 5 and following
- Passenger: complete section 3 and following

**SECTION 1 - DRIVER**

What is your license number:      -       -

Class: \_\_\_\_\_

Conditions: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Do you currently drive:  yes  no

If not, how do you travel to your activities (grocery store, bank, post office, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2 – FIRST LICENSE**

A) When did you get your learner's license: \_\_\_\_\_

B) Name of driving school: \_\_\_\_\_

C) Person in charge: \_\_\_\_\_

D) Phone number: \_\_\_\_\_

**Please send us a copy of the certificate from the driving school.**

**GO TO SECTION 5 AND FOLLOWING**

**SECTION 3 - PASSENGER**

A) Even if your application is as a passenger, do you have a driver license?

yes  no

If so, complete section 1.

B) Who is your primary caregiver while traveling in road vehicles:

\_\_\_\_\_

C) Does your transfer to the vehicle compromise your health and safety (for you and your caregiver)?  yes  no

If so, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D) Does this caregiver present any physical health problems that can be medically certified?

yes  no

If so, provide the certificate.

**IF THE PASSENGER IS A CHILD, COMPLETE SECTION 4 AND FOLLOWING**

**SECTION 4 – CHILD PASSENGER**

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Type of car seats currently used: \_\_\_\_\_



Model: \_\_\_\_\_

Year: \_\_\_\_\_

B) Does your vehicle have adapted equipment to facilitate driving or access?

yes  no

If so, which one? \_\_\_\_\_

When were they installed? \_\_\_\_\_

C) In the event that a vehicle adaptation project is necessary, do you plan the implementation in the coming months?  yes  no

Comments : \_\_\_\_\_

\_\_\_\_\_

### SECTION 8 – TRAVEL AUXILIARY

Do you use a movement auxiliary?  yes  no

If so, which one?

Walker

Adapted stroller defrayed by: \_\_\_\_\_

Wheelchair defrayed by: \_\_\_\_\_

Motorized wheelchair defrayed by: \_\_\_\_\_

Rolling base with positioning defrayed by: \_\_\_\_\_

Four-wheel electric scooter / three-wheel electric scooter defrayed by: \_\_\_\_\_

**Please send the user manual for each auxiliary (other than the walker).**

### SECTION 9 – TYPE OF TRANSFER

Are you able to enter or get out of your vehicle without help?  yes  no

If not, how do you make your transfers?

By pivot on your legs

Sitting to sitting without your legs or transfer board

With a transfer board

With slight human help

With total human assistance (in its arms)

With hoist

