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:	0			
If not, how do you travel to your activities (grocery store, bank, post office, etc.)?				

license:	SECTION 2 – FIRST LICENSE		
B) Name of driving school: C) Person in charge: 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. 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	A)	When did you get your learner's	
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. 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		license:	
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. 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	B)	Name of driving school:	
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. 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	C)		
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. 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.	D)	Phone number:	
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. 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.	Ple	ease send us a copy of the certificate from the driving school.	
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		GO TO SECTION 5 AND FOLLOWING	
A) Even if your application is as a passenger, do you have a driver license? yes no If so, complete section 1. 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 3 - PASSENGER	
 yes □ no If so, complete section 1. Who is your primary caregiver while traveling in road vehicles: Does your transfer to the vehicle compromise your health and safety (for you and your caregiver)? □ yes □ no If so, explain: 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 		CECTION O TAGGENGEN	
Who is your primary caregiver while traveling in road vehicles: Does your transfer to the vehicle compromise your health and safety (for you and your caregiver)?	A)		
C) Does your transfer to the vehicle compromise your health and safety (for you and your caregiver)?		If so, complete section 1.	
caregiver)?	B)	Who is your primary caregiver while traveling in road vehicles:	
☐ yes ☐ no If so, provide the certificate. IF THE PASSENGER IS A CHILD, COMPLETE SECTION 4 AND FOLLOWING	C)	caregiver)?	
☐ yes ☐ no If so, provide the certificate. IF THE PASSENGER IS A CHILD, COMPLETE SECTION 4 AND FOLLOWING	-		
IF THE PASSENGER IS A CHILD, COMPLETE SECTION 4 AND FOLLOWING	D)		
·		If so, provide the certificate.	
SECTION 4 – CHILD PASSENGER	IF THE PASSENGER IS A CHILD, COMPLETE SECTION 4 AND FOLLOWING		
		SECTION 4 – CHILD PASSENGER	
Height:			
Weight: Type of car seats currently used:			

SECTION 5 – TRAVEL NEEDS					
Check and spe	ecify the activit	ies for which yo	u need your	vehicle:	
☐ Work	Employer: Job Title: If absent from expected ret	m work, when is urn:			
☐ School	Institution: If absent from school, when is the expected return:				
Compulsory medical care received outside the home (radiotherapy, dialysis, wounds, etc.). Type of care: Frequency:					
□ Volunteering, meaningful activities, etc. ☐ Type of activity: ☐ Frequency: ☐ Frequenc					
		SE	ECTION 6		
At home, you live: Alone With spouse Children How many: With parents Number of license holders at home:					
SECTION 7 – ROAD VEHICLE					
A) What type	of road vehicle	e do you use?			
Vehicle type		Transmission		Name of the owner of the vehicle referred for	Mileage
		Automatic	Manual	adaptation	
☐ Car					
☐ Van (Pick-up Truck)					
☐ Minivan					
Make:				_	

Mod	del:				
Yea	ar:				
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				
	you use a movement auxiliary?				
3€	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:				
Ple	ease send the user manual for each auxiliary (other than the walker).				
	, (0				
	SECTION 9 – TYPE OF TRANSFER				
	you able to enter or get out of your vehicle without help? yes no				
	ot, 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				

SECTION 10 – RELEVANT INFORMATION

requesting at the moment?					
☐ yes	Date:				
	Organization:				
	Results:	☐ Success ☐ Failure			
☐ No					
Have you ever	been evaluated in	a SAAQ service center?			
☐ Yes	Date:				
	Results:	☐ Success ☐ Failure			
☐ No					
Physician:					
Name:					
Address:					
SECTION 11 – INFORMATION AUTHENTICITY					
l,		(Name of the user or his representative)			
Confirm that the information provided on this form is true and correct.					
	Signature	Date			

Make sure all sections relevant to your needs assessment are properly completed; otherwise the form will be returned. Thank you.