EXCLUSIONS: Any claim for bodily or moral injury or from an intermediate resource (IR) or family-type resource (FTR).

1. Complete every section in this form.
2. Send the form to the claims department **with the original invoice and replacement invoice for the item**. Please note that the claim will not be processed without a replacement or repair invoice.
3. **By mail**: or

CENTRE D’HÉBERGEMENT ST-JOSEPH

**Gestion des risques – Réclamations**

611, boulevard Queen-Victoria Nord

Sherbrooke (Québec) J1H 3R6

**By email**: *reclamations.ciussse-chus@ssss.gouv.qc.ca*

|  |
| --- |
| IDENTIFICATION OF THE USER |
| Last name and first name:       | Birth name:      |
| Date of birth:       |
| Adress:       | Apt./Room:      | City:       |
| Postal code:      | Tel. (home):      | Cell.:      |
| User record no:      | Email:       |
| IDENTIFICATION OF THE USER'S REPRESENTATIVE IF APPLICABLE |
| Status of the user's representative: check the box that matches the status of the author of the claim:  |
| [ ]  Person having parental authority [ ]  Tutor [ ]  Public trustee [ ]  Private curator[ ]  Mandatary or [ ] Legal heir [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  Spouse [ ]  Daughter [ ]  Son[ ]  Sister ❑ Frère  |
| Last name and first name:       |
| Adress:       | Apt.:       | City:       |
| Postal code:        | Tel. (home):       | Cell:       |
| Email:       |
| IDENTIFICATION OF THE FACILITY SUBJECT TO THE CLAIM ( Ex: CHUS Fleurimont 9e hémodialyse) |
| Name of facility and location (departments or care units) where the event that is the subject of the claim occurred:      |

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| --- |
| DESCRIPTION OF THE SUBJECT OF THE CLAIM |
| **Prostheses/Aids:** Dental: Upper [ ] Lower [ ] Visual (glasses)**:** [ ]  Hearing: Left [ ] Right [ ] **Other:**       |
| **Check the box that matches the number of years of use or wear of the item:** |
| 0-1 year [ ]  | 1-2 years [ ]  | 2-3 years [ ]  | 4-10 years [ ]  | > 10 years [ ]  |
| REASON FOR AND SUBJECT OF THE CLAIM |
| Indicate if it is about a **damage** [ ] or a **loss** [ ]   | Date of the event:       |
|

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| --- |
| When was the last time you saw the item?       |
| When did you realize the item was lost or damaged?       |
| Whom did you notify when you realized the item was lost or damaged?       |

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| --- |
| Did anyone search for the item: **yes** [ ]  **no** [ ]  If yes, where?       |
|       |

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| Statement of facts:       |
|       |
|       |

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| Names of witnesses if applicable:       |
|       |

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| --- |
| Explain why you hold the institution responsible for the damage to or loss of your item:       |
|       |
|       |

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|

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| --- | --- | --- |
| Amount claimed:$ |       | (You must indicate an amount) |

 |
| I hereby declare that the information provided in this claim form is accurate and true.**Note:** If you hold a home insurance policy, it may be in your interest to file a claim with your insurer.If you are covered by the RAMQ, it may be in your interest to file a claim with the RAMQ. |
|

|  |  |
| --- | --- |
| Signature:       | Date:       |

**\*\*\*Please note that the claim cannot be processed if the form is incomplete and not accompanied by a buyback or repair invoice.** |

**Additional information**

**Depreciation**

When compensation is awarded, the user bears the burden of proving the value of the lost or broken property. Without a replacement or repair invoice, no compensation can be given. The *Civil Code of Québec* provides that the damages owed to the creditor—in this case the user—must compensate for the loss he or she has suffered. The purpose of paying damages to the person is to return the property to its condition before the loss. For this reason, depreciation is applied to the actual replacement cost of lost items based on their years of wear and tear. The depreciation percentage is calculated according to the depreciation guide offered by the Direction des assurances du réseau de la santé et des services sociaux (DARSSS).

Example: The user makes a claim for a lost hearing aid. He paid $2000 for his hearing aid 10 years ago. According to the recommendations of our insurer, the rate of depreciation would be 50%. So, if the institution is liable, it will pay the user $1000.

Example of a depreciation table for dental prostheses and hearing aids:

1st year of wear: 15% depreciation

2nd year: 20%

3rd year: 25%

10 years or more: 50%

**Damage claim**

If the property is repaired, the facility agrees to reimburse the full amount of the invoice, as long as the cost of repairing the property is not greater than the value of the item, less the depreciation suggested by DARSSS.

**Deceased user**

In the event that compensation is awarded, but the user dies during the claims process, the facility will provide compensation only for property that transfers to the estate. That is, anything that is custom-made for the user and is intimately personal to him or her—such as a hearing aid or a dental prosthesis—will not be compensated for because it cannot be used by any other person. The estate cannot claim the value of the object or its replacement.

In contrast, if the object can be modified for use by someone else—such as example a pair of eyeglasses whose frames can be reused—the compensation will only be for the value of the reusable part, which is part of the estate's assets.

If the claim is for a transferable item—such as clothing, jewelry, and other items—the claim will be reimbursed in the deceased's name.

1-6-13743

MAJ le: 2022/08/05