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| --- | --- |
| **IDENTIFICATION** | |
| Date of the request: | |
| Name and role of person making the request: | |
| Name of the requesting organization: | |
| Telephone: | Telephone: |
| **Description of request** | |
| Briefly describe the goal(s) you wish to achieve, with the support you are asking of a CIUSSS - CODIM community organizer. Include all information you feel to be pertinent and/or relevant. | |
|  | |

Send your completed request by email to:

brigadesantepublique.ccomtl@ssss.gouv.qc.ca

Once your application has been received, a community organizer will contact you to obtain additional information, if necessary, to assist in the analysis and orientation of the request.

For internal use only: Request oriented to ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for analysis.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of assigner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For internal use: Request is oriented to: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for evaluation.

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nom of the assigner :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_