

# Appendix 8



## REQUEST FOR PERMANENT DISABILITY PROGRAMS



StudentAidBC

### AM I ELIGIBLE?

#### APPLICANTS MUST:

- Have a permanent disability;  
“Permanent disability” for the purposes of student financial aid, means “a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate fully in studies at a post-secondary level or in the labour force and is expected to remain with the person for the person’s expected natural life.”  
Not all medical conditions are considered permanent disabilities for the purpose of StudentAid BC permanent disability program funding.
- Demonstrate financial need through the StudentAid BC (SABC) program for full-time or part-time studies;
- Not be in default of a Canada student loan to be eligible for CSG-PD or CSG-PDSE;
- Not be in default of a B.C. student loan to be eligible for the SBSB, BCAG or APSD; and
- Not be ineligible for a Canada or B.C. student loan due to bankruptcy.

### WHAT AM I ELIGIBLE FOR?

#### 1. Grants and Bursaries

- **Canada Student Grant for Students with Permanent Disabilities (CSG-PD)** – non-repayable grant of \$2,000 per program year for full-time or part-time study.
- **B.C. Supplemental Bursary for Students with Disabilities (SBSB)** – non-repayable grant of \$800 per program year for full-time (40% course load or greater) or \$400 for part-time (20 to 39% course load) students attending a designated post-secondary school in B.C.
- **B.C. Access Grant for Students with a Permanent Disability (BCAG)** – non-repayable grant of up to \$1,560 per program year to reduce B.C. student loan debt for full-time students attending a designated post-secondary school in B.C.

#### 2. Services and Equipment

- **Canada Student Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE)** – non-repayable grant of up to \$8,000 per program year for the purchase of educational related specialized services and/or adaptive equipment.

If you have exhausted your CSG-PDSE funding for the year, you may be eligible for the following program:

- **Assistance Program for Students with Permanent Disabilities (APSD)** – non-repayable grant of up to \$10,000 (\$12,000 if attendant care is required at school) per program year for the purchase of educational related specialized services and/or adaptive equipment for students attending a designated post-secondary school in B.C.

**Non-post secondary level students** attending a public post-secondary school in British Columbia should contact the Disability Coordinator at their post-secondary school for additional information.

#### 3. Learning Disability Assessment Reimbursement (CSG-PDSE)

This application allows you to apply for reimbursement of up to 75% of the cost of one psycho-educational assessment for a learning disability (maximum of \$1,200).

The assessment must clearly indicate that a learning disability (specific learning disorder) has been diagnosed which meets the Diagnostic and Statistical Manual for Mental Illness (DSM) diagnostic criteria. See Section 4.

### HOW DO I DOCUMENT MY DISABILITY?

#### Verification of Permanent Disability (Section 4)

In order to be eligible for these Permanent Disability Programs, you must document your permanent disability. Section 4 of this application must be completed by a qualified medical assessor in Canada.

Your physician or other qualified medical assessor must clearly indicate how your permanent disability impacts you on a daily basis in an educational setting.

Fees that you may be charged to have this section completed are your responsibility and will not be reimbursed by StudentAid BC.

**IF YOU HAVE PREVIOUSLY HAD YOUR PERMANENT DISABILITY STATUS APPROVED BY STUDENTAID BC, YOU DO NOT NEED TO HAVE THIS SECTION COMPLETED UNLESS REQUESTED.**

## HOW DO I APPLY?

**SECTION 1** – All students must complete.

**SECTION 2** – All students must read and sign the declaration.

**SECTION 3** – To be completed by the Disability Coordinator or designated school official, if applicable.

**SECTION 4** – Verification of Permanent Disability. Have this section completed by a qualified medical assessor in Canada.

**CONTACT YOUR DISABILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL  
FOR ASSISTANCE IN COMPLETING THIS APPLICATION**

| PROGRAM                                                 | REQUIRED DOCUMENTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CSG-PD<br>SBSD<br>BCAG<br>CSG-PDSE                      | <ul style="list-style-type: none"><li>• Verification of Permanent Disability section or equivalent medical documentation<ul style="list-style-type: none"><li>- Completed by a qualified medical assessor (i.e., physician, psychologist, etc.) in Canada</li><li>- Current within 3 years</li><li>- Must indicate the daily impact on your ability to participate fully in your studies</li></ul></li><li>• Learning Disability documentation<ul style="list-style-type: none"><li>- a copy of a current psycho-educational assessment</li><li>- psycho-educational assessment must have been completed within the past five years, or the assessment must have been at age 18 or later.</li></ul></li></ul> <p><b>Note:</b> Medical documentation is usually only required once to establish your permanent disability status. However, StudentAid BC reserves the right to request additional documentation at any time it is deemed necessary to confirm or re-establish permanent disability status.</p> |
| CSG-PDSE<br>(in addition to the above documentation)    | <ul style="list-style-type: none"><li>• A copy of your registration form for your current course(s) applicable to the permanent disability program funding you are requesting.</li><li>• One cost estimate listing contact information, qualifications for the services offered, an explanation of the services they will provide for you, for which course, the course dates, hourly rate and how often per day/week.</li></ul> <p><b>Note:</b> Family members can only provide services under exceptional circumstances and must be pre-approved by StudentAid BC.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Learning Disability Assessment Reimbursement (CSG-PDSE) | <ul style="list-style-type: none"><li>• An original receipt confirming payment. An invoice is not acceptable.</li><li>• A copy of your current psycho-educational assessment must be attached.</li><li>• Psycho-educational assessment must clearly indicate a diagnosis of a learning disability to be eligible.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## CONTACT INFORMATION

### Mailing Address:

#### Ministry of Advanced Education

Student Services Branch – Directed Programs Unit  
PO Box 9173 Stn Prov Govt  
Victoria B.C. V8W 9H7

### Courier Address:

#### Ministry of Advanced Education

Student Services Branch – Directed Programs Unit  
1<sup>st</sup> Floor, 835 Humboldt Street  
Victoria B.C. V8V 4W8

**Phone:** 250 387-6100 (in Victoria), 1-800-561-1818 (toll-free in Canada/U.S.)

**If you are applying for equipment only through the CSG-PDSE, contact:**

#### Assistive Technology - British Columbia

108 – 1750 West 75<sup>th</sup> Avenue  
Vancouver B.C. V6P 6G2  
Phone: 604 264-8295  
Fax: 604 263-2267

# Appendix 8



REQUEST FOR PERMANENT DISABILITY PROGRAMS



StudentAidBC

## SECTION 1: ALL STUDENTS MUST COMPLETE THIS SECTION

Student Last Name

Student First Name

Initial

Mailing Address

All mail will be sent to this address

Apt/box/suite number

City/Town

Province/State

Postal Code/Zip Code

Area Code

Telephone Number

Email Address

Date Classes Start

Date Classes End

Year Month Day  
   -   -

to Year Month Day  
   -   -

### REQUIREMENTS

**YOUR PERMANENT DISABILITY STATUS MUST BE APPROVED BY**

**STUDENTAID BC AT LEAST 6 WEEKS BEFORE THE DATE CLASSES END.**

**NO FAXES OR COPIES ARE ACCEPTED. ORIGINAL SIGNATURES ARE REQUIRED.**

Social Insurance Number

Application Number

Student Number

Personal Education Number (if known)

Date of Birth

Year Month Day  
   -   -

Gender

☐

Male

☐

Female

Citizenship Status (Mark one box only)

☐

Canadian Citizen

☐

Protected Person

☐

Permanent Resident

Name of School

Campus

### MINISTRY USE ONLY

## SECTION 2: DECLARATION – IMPORTANT DOCUMENT; YOU MUST READ, SIGN AND DATE

I am applying for assistance under any one or more of the permanent disability programs outlined in this appendix.

I UNDERSTAND THAT THIS APPENDIX FORMS PART OF MY APPLICATION FOR STUDENT FINANCIAL ASSISTANCE AND AS SUCH INCLUDES ALL TERMS AND CONDITIONS AS STATED IN THE FULL TIME OR PART TIME STUDENTAID BC APPLICATION DECLARATIONS.

In addition to the terms and conditions stated in the Full Time or Part Time StudentAid BC Application Declarations, I also understand that;

- 1) If I receive money to pay for specialized educational related specialized services through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE) while at a public or private post-secondary institution, or the Assistance Program for Students with Disabilities (APSD) program while at a private post-secondary institution, I will provide to StudentAid BC, at the end of my study period, receipts showing that the funds were spent for their intended purpose, and will repay any unused funds to the British Columbia Minister of Finance.
- 2) If I am attending a post-secondary institution in B.C., I will only request funds from the APSD program after I have exhausted all funds available through the CSG-PDSE.
- 3) I give permission to my physician or medical professional to disclose information directly related to my disability to the Ministry of Advanced Education or Assistive Technology British Columbia (The Board of Education of School District No. 39 (Vancouver) also known as Vancouver School Board) for the purposes of verifying or investigating information pertaining to this application, and related documents, determining my eligibility for permanent disability funding.
- 4) I give permission to my school to disclose information to the Ministry of Advanced Education or Assistive Technology British Columbia regarding my disability, access requirements, academic standing, awards, living arrangements and financial status for the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for permanent disability funding or determining whether I will be required to repay any funding I may receive.
- 5) If I am awarded a CSG-PDSE and/or a grant under the APSD, I authorize the institution I am attending or Assistive Technology British Columbia to cash the grant cheque(s) on my behalf and apply the funds to retain a service worker and/or buy equipment and/or software on my behalf and/or apply the grant to the Learning Disability Assessment Bursary fund.

Signature of Applicant (Must be signed in ink)

Print Name

Date Signed

Year Month Day  
   -   -

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Advanced Education, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or 250-387-6100 from outside North America.

### SECTION 3: CSG-PDSE AND APSD (IF YOUR CSG-PDSE FUNDING IS EXHAUSTED) – SERVICES AND EQUIPMENT

To be reviewed and signed by Disability Coordinator or designated school official

#### LEARNING DISABILITY REIMBURSEMENT:

If you are submitting this application to apply for a Learning Disability Reimbursement, ensure that the following documentation is attached.

- Psycho-educational report. Report must indicate a diagnosis of a Learning Disability to be eligible.
- Original paid receipt (invoice is not acceptable)

How was the assessment paid for? Tick One:

☐ School Paid (Learning Disability Assessment Bursary) ☐ Student Paid

#### EQUIPMENT:

All requests for equipment must be submitted to Assistive Technology British Columbia (AT-BC). An adaptive technology assessment will take place to determine the appropriate equipment required to reduce any permanent disability related barriers that restrict the ability of the student to perform the daily activities necessary to participate fully in studies at a post-secondary level.

Equipment is requested: ☐ Yes ☐ No

Please indicate your recommendations and/or rationale for specific equipment and/or software:

Ineligible equipment includes: ergonomic equipment/furniture, vehicle modifications, gas, insurance, physical alterations in the school or the home, eyeglasses and hearing aids.

#### SERVICES:

Services will be/have been requested: ☐ Yes ☐ No

Services will only be approved if the service is directly related to the approved permanent disability.

Eligible services include: tutor; note-taker, reader, attendant care (while at school only), alternate formats, specialized transportation, academic strategist, interpreter/captionist.

Ineligible services include: proctor, photocopying, speech therapy, orientation services, other non-permanent disability school related costs.

Public Post-Secondary Institutions in B.C.: The Disability Coordinator must submit a Service Request to Student Services Branch by email and must retain documentation at the school.

Private/Out-of-Province Institutions: The Disability Coordinator or appropriate official must submit a Service Request form to Student Services Branch and include the required estimate(s) with the submission ([www.studentaidbc.ca](http://www.studentaidbc.ca)).

Students must submit a completed Service Provider Receipt form at the end of each study period. Any unused funds must be repaid by certified cheque or money order, payable to the Minister of Finance.

#### ASSISTANCE PROGRAM FOR STUDENTS WITH DISABILITIES (APSD) – PRIVATE SCHOOLS IN B.C. ONLY:

APSD funds may be available to students who are attending a designated school in B.C. AND who have exhausted the Canada Student Grant for Services and Equipment. A service request must be submitted.

APSD is requested: ☐ Yes ☐ No

#### Disability Co-ordinator/School Official:

I certify the student is registered in the school indicated in Section 1 of this application and that the student requires the equipment and/or services requested to reduce the barrier(s) caused by their permanent disability so they can successfully complete their current educational goals.

Signature of Disability Co-ordinator/School Official: (in ink)

Date Signed:

Year      Month      Day  
[ ][ ][ ][ ] - [ ][ ] - [ ][ ][ ]

Print Name:

Telephone Number:

(      )

Email Address:

**To be completed by a qualified medical assessor in Canada**

This form will be used to determine eligibility for permanent disability grant funding through StudentAidBC. Eligibility for funding is based on the daily functional impact(s) of the permanent disability on the person's ability to participate in a post-secondary educational environment and permanence of their disability. Forms that are incomplete or do not provide enough information will result in denial or delays of funding.

Birthdate: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 - 

|  |  |
|--|--|
|  |  |
|--|--|

 - 

|  |  |
|--|--|
|  |  |
|--|--|

[illegible]

| Student First Name | Initial |
|--------------------|---------|
|                    |         |

YYYY-MM-DD

Provide Date: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 - 

|  |  |
|--|--|
|  |  |
|--|--|

 - 

|  |  |
|--|--|
|  |  |
|--|--|

☐ The disability is **permanent** with ongoing (chronic or episodic) symptoms that will restrict the ability to perform the daily activities necessary to fully participate in post-secondary studies and the permanent disability is expected to remain for their lifetime.

☐ The person's disability is **temporary**. Indicate the estimated recovery date: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 - 

|  |  |
|--|--|
|  |  |
|--|--|

 - 

|  |
|--|
|  |
|--|

Explain the severity and prognosis of the medical diagnosis:

|          |           |
|----------|-----------|
| Severity | Prognosis |
|----------|-----------|

☐ **Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).** To be completed by Physician.

|               |  |
|---------------|--|
| DSM Diagnosis |  |
|---------------|--|

☐ **Cognitive Impairment** (ex: Acquired Brain Injury, intellectual disability). To be completed by Physician or medical specialist.

|               |  |
|---------------|--|
| DSM Diagnosis |  |
|---------------|--|

☐ **Pervasive Developmental Disorder** (Autism, Aspergers, neurological). To be completed by Physician, Psychologist, or Psychiatrist.

|               |  |
|---------------|--|
| DSM Diagnosis |  |
|---------------|--|

☐ **Hearing** (You must provide a copy of your most recent audiology report). To be completed by Certified Audiologist.

Level of hearing loss in the better ear (Tick appropriate box)

- ☐ Mild      ☐ Uses aided hearing  
☐ Moderate      ☐ Congenital  
☐ Severe      ☐ Would benefit from amplification devices in an educational/vocational setting  
☐ Profound

☐ **Mobility/Agility Impairment** (Spinal cord injury, spina bifida, arthritis, multiple sclerosis, soft tissue injury, etc.). To be completed by Physician.

|           |  |
|-----------|--|
| Diagnosis |  |
|-----------|--|

☐ **Psychiatric or Psychological.** To be completed by Clinical Psychologist, Psychiatrist or Physician.

|               |  |
|---------------|--|
| DSM Diagnosis |  |
|---------------|--|

#### SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

☐ **Speech**

Diagnosis

☐ **Visual** (You must provide a copy of your most recent visual acuity report). To be completed by Ophthalmologist, Optometrist or Orthoptist.

- ☐ A visual acuity of 6/21 (20/70) or less in the better eye after correction
- ☐ A visual field of 20 degrees or less
- ☐ Any progressive eye disease with a prognosis of becoming one of the above in the next two years
- ☐ An uncorrectable vision problem or reduced visual stamina such that the applicant functions throughout the day as if his/her visual acuity is limited to 6/21 or less

☐ **Other Permanent Disability / Chronic Health Impairment** (Specify):

☐ **Learning Disability:**

**Qualifications of Assessor:**

- ☐ I am a registered psychologist/psychologist associate with an expertise in diagnosing learning disabilities.
- ☐ I am a psychologist/psychologist associate in good standing with my provincial/territory in which I am recognized.

**Documentation:**

- ☐ The assessment was completed on 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

<sup>YYYY</sup> - 

|  |  |
|--|--|
|  |  |
|--|--|

<sup>MM</sup> - 

|  |  |
|--|--|
|  |  |
|--|--|

<sup>DD</sup>. Assessment must be less than five years old, or completed at age 18 or older.
- ☐ The assessment is complete, on official letterhead, includes the assessment date(s), the assessor's name, title professional credentials, registration number, address, phone/fax number and is signed and dated.

**Diagnosis:**

- ☐ The learning disability assessment clearly states a diagnosis of a learning disability meeting the Diagnostic and Statistical Manual for Mental Illness (DSM), and describes the level of severity and the manner in which the disability significantly interferes with academic functioning (e.g. reading, writing, note taking, memorizing, test taking etc.).
- The assessment contains recommendations for specific reasonable accommodations that would mitigate or reduce the impact of the student's permanent disability on their academic success/functioning.
- ☐ The learning disability significantly interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.

**Office Use Only**

#### SECTION 4: VERIFICATION OF PERMANENT DISABILITY (CONTINUED)

##### Disability Impacts on Daily Functioning (as it relates to educational setting):

☐ **Physical Impacts** (Check all that apply. Indicate limitations, frequency, and level of severity.)

- |                                      |                                      |                                                    |                                                                          |
|--------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Standing    | <input type="checkbox"/> Sitting     | <input type="checkbox"/> Stair Climbing            | <input type="checkbox"/> Ambulation (cane, wheelchair, walker, crutches) |
| <input type="checkbox"/> Fatigue     | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Lifting/Carrying/Reaching | <input type="checkbox"/> Grasping/Gripping/Dexterity                     |
| <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Other _____ |                                                    |                                                                          |

Description of daily activities needed for post-secondary studies that are restricted as a result of the student's disability

☐ **Cognitive and/or Behavioural Impacts** (Check all that apply. Indicate limitations, frequency, and level of severity.)

- |                                                      |                                              |                                                                      |
|------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Attention and Concentration | <input type="checkbox"/> Memory              | <input type="checkbox"/> Information Processing (verbal and written) |
| <input type="checkbox"/> Stress Management           | <input type="checkbox"/> Social Interactions | <input type="checkbox"/> Organization and Time Management            |
| <input type="checkbox"/> Communication               | <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Other _____                                 |

Description of daily activities needed for post-secondary studies that are restricted as a result of the student's disability.

##### Medication

Is the person currently taking any prescription medications? ☐ Yes ☐ No

If yes, please indicate any side effects (alertness, concentration, nausea) that may affect participation in an educational environment:

##### Suggested Supports (must be related to permanent disability in an educational setting):

- ☐ This person would benefit from taking a reduced course load.
- ☐ Services: The person would benefit from specialized services such as tutoring, note-taking, sign language interpreting, oral interpreting, classroom captioning, alternate formats in order to fully participate in post-secondary studies. Please specify:

- ☐ Equipment: The person would benefit from assistive technology or equipment such as a computer or laptop, digital recorder, FM system, braille reader, specialized software in order to fully participate in post-secondary studies. Please specify:

|                                          |                            |                              |
|------------------------------------------|----------------------------|------------------------------|
| Name of Qualified Medical Assessor:      |                            | Registration Certificate No: |
| Specialty of Qualified Medical Assessor: |                            | MEDICAL OFFICE STAMP         |
| Signature (in ink)                       |                            | REQUIRED                     |
| Date:                                    |                            |                              |
| Telephone No:<br>(       )               | Facsimile No:<br>(       ) |                              |