

# Appendix 8 for Full-Time Students

## DISABILITY PROGRAMS APPLICATION



StudentAidBC

### AM I ELIGIBLE?

#### APPLICANTS MUST:

- Have a **Permanent Disability (PD)** defined as:  
*“any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary school level or to participate in the labour force and that is expected to remain with the person for the person’s expected life.”*

Or a **Persistent or Prolonged Disability (PPD)** defined as:

*“any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – that restricts the ability of a person to perform the daily activities necessary to pursue studies at a post-secondary school level or to participate in the labour force and has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for the person’s expected life.”*

Note: Not all medical conditions are considered a disability for the purpose of StudentAid BC program funding.

- Demonstrate financial need through the StudentAid BC program for full-time studies;
- Not be in default of a Canada student loan to be eligible for CSG-D or CSG-DSE;
- Not be in default of a B.C. student loan to be eligible for the SBSB, BCAG-D, BCAG-DS 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 Disabilities (CSG-D)** – non-repayable grant of \$2,800 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.
- B.C. Access Grant for Students with Disabilities (BCAG-D)** – non-repayable grant of up to \$1,560 per program year to reduce B.C. student loan debt for full-time students.
- B.C. Access Grant for Deaf Students (BCAG-DS)** – non-repayable grant of up to \$30,000 per program year to Deaf Students attending Gallaudet University or the Rochester Institute of Technology.

#### 2. Services and Equipment (Section 3)

- Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE)** – non-repayable grant of up to \$20,000 per program year for the purchase of educational related specialized services and/or adaptive equipment.

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

- Assistance Program for Students with 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 designated post-secondary school in British Columbia should contact the Accessibility Coordinator at their post-secondary school for additional information.

#### 3. Disability Assessment Reimbursement (CSG-DSE)

This application allows you to apply for reimbursement of up to 100% of the cost of a medical assessment done to verify a disability (maximum of \$3,500). This funding is included in the maximum \$20,000 available through the CSG-DSE.

The medical assessment must clearly indicate that the diagnosed condition meets the definition of either PD or PPD as outlined on Page 1 of the StudentAid BC Appendix 8 Disability Programs Application.

Medical assessments are eligible for reimbursement when complete during the study period, or within the 4-month period prior to the study start date.

## HOW DO I VERIFY MY DISABILITY?

### Verification of Disability (PD or PPD) (Section 4)

In order to be eligible for these Disability Programs, you must verify your disability as either Permanent Disability, or Persistent or Prolonged Disability. Section 4 of this application must be completed by a qualified medical assessor in Canada.

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

**Students who have already had their disability status verified for full-time or part-time studies with StudentAid BC do not need to be verified again.**

## 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 Accessibility Coordinator or designated school official, if applicable.

**SECTION 4** – Verification of Disability (Permanent or Persistent/Prolonged). Have this section completed by a qualified medical assessor in Canada.

### CONTACT YOUR ACCESSIBILITY COORDINATOR OR DESIGNATED SCHOOL OFFICIAL FOR ASSISTANCE IN COMPLETING THIS APPLICATION

PROGRAM	REQUIRED DOCUMENTATION FOR DISABILITY (PERMANENT OR PERSISTENT/PROLONGED)
CSG-D SBSD BCAG-D BCAG-DS CSG-DSE	<ul style="list-style-type: none"> <li>• Verification of disability (Permanent or Persistent/Prolonged) section and supporting 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 conducted at age 18 or later.</li> </ul> </li> </ul> <p><b>Note:</b> Medical documentation is usually only required once to establish your disability status. However, StudentAid BC reserves the right to request additional documentation at any time it is deemed necessary to confirm or re-establish disability status.</p>
CSG-DSE and / or APSD (in addition to the above documentation)	<ul style="list-style-type: none"> <li>• A copy of your confirmation of your current program.</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>
Disability Assessment Reimbursement (CSG-DSE)	<ul style="list-style-type: none"> <li>• An original receipt confirming payment. An invoice is not acceptable.</li> <li>• A copy of the applicable medical documentation must be attached.</li> <li>• The medical documentation must clearly indicate a diagnosis that meets the definition of either PD or PPD as outlined on Page 1 of the StudentAid BC Appendix 8 Disability Programs Application.</li> </ul>

## SUBMISSION INSTRUCTIONS

**Upload your completed and signed Appendix 8 for Full-Time Students to your [StudentAid BC Dashboard](#).**

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

### Assistive Technology - British Columbia (ATBC)

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

## PROCESSING TIMES

Once StudentAid BC receives and reviews that your Appendix 8 is complete, it will be sent on to ATBC for processing, which can take 4-6 weeks.

# Appendix 8 for Full-Time Students

## DISABILITY PROGRAMS APPLICATION



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

to

Social Insurance Number

StudentAid BC Application Number

Student Number

Personal Education Number (if known)

Date of Birth

Gender

☐

Man

Woman

☐

Non-Binary

☐

Prefer not to answer

Citizenship Status (Mark one box only)

☐

Canadian Citizen

☐

Protected Person

☐

Permanent Resident

Name of School

Campus

#### REQUIREMENTS

YOUR DISABILITY STATUS MUST BE SUBMITTED TO

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

#### 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 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 educational related specialized services through the Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE) 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-DSE.
- 3) I give permission to my physician or medical professional to disclose information directly related to my disability to the Ministry of Post-Secondary Education and Future Skills 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 disability funding.
- 4) I give permission to my school to disclose information to the Ministry of Post-Secondary Education and Future Skills 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 disability funding or determining whether I will be required to repay any funding I may receive.
- 5) If I am awarded a CSG-DSE 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

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 Executive Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

### SECTION 3: CSG-DSE AND APSD – SERVICES AND EQUIPMENT

#### DISABILITY ASSESSMENT REIMBURSEMENT:

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

- Medical documentation that includes a diagnosis that meets the definition of either PD or PPD as outlined on Page 1 of the StudentAid BC Appendix 8 Disability Programs Application.
- 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 (ATBC). A Technology Assessment Plan will determine the appropriate equipment required to reduce any 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:

#### SERVICES:

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

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

Post-Secondary Institutions: the Accessibility Coordinator or appropriate official must submit a Service Request form to StudentAid BC 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 CSG-DSE. A service request must be submitted.

APSD is requested: ☐ Yes ☐ No

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

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

Signature of Accessibility 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 is used to determine eligibility for disability grant funding through StudentAid BC. Eligibility for funding is based on the functional impact(s) of the disability on the person's ability to participate in studies at a post-secondary level.

Applicants seeking to establish eligibility for a disabling Learning Disorder do not need to complete this Verification of Disability form, but **must submit a Psycho-Educational assessment** that has been completed within the last five years, or after the person was 18 years of age.

Applicants seeking to establish eligibility for a visual condition should have this Verification of Disability form completed by a Ophthalmologist, Optometrist or Orthoptist and **must provide a copy of their most recent visual acuity report.**

Applicants seeking to establish eligibility for an auditory condition should have this Verification of Disability form completed by a Certified Audiologist and **must provide a copy of their most recent audiology report.**

Applicants seeking to establish eligibility for any other condition should have this Verification of Disability form completed by a qualified medical assessor (physician, nurse practitioner, psychologist or psychiatrist registered to practice in the Canadian province or territory where the assessment is undertaken).

**Important:** Not all medical conditions are considered a disability for the purpose of StudentAid BC program funding. This form is designed to gather the information needed to determine the applicant's eligibility for government-funded programs and to help plan appropriate educational interventions based on the applicant's functional impairments. Please ensure your qualifications are appropriate to address the applicant's disability and do not complete this form unless you know the applicant's medical history well enough to answer the questions.

Additional information may be requested if forms are incomplete.

Birthdate 

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[illegible][illegible]

Date of onset of primary disability: 

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How long has this person been receiving care for these medical conditions? Provide Date: 

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See "Permanent Disability" and "Persistent or Prolonged Disability" definitions on page 1.

- ☐ Permanent
- ☐ Persistent or Prolonged

**Primary Disability**

List only ONE primary disability and impacts associated with that particular disability.

<b>Disability Type or Diagnosis</b> <b>List only one</b>	<b>Disability Impacts on Daily Activities (related to an educational setting)</b> <b>Check all that apply</b>	
<input type="checkbox"/> Mental Health Disorder <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Mobility <input type="checkbox"/> Pervasive Developmental Disorder <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other:  <b>OR</b> diagnosis: (max 140 characters)	<input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Keyboarding/typing <input type="checkbox"/> Handwriting <input type="checkbox"/> Reading <input type="checkbox"/> Ascending/Descending stairs <input type="checkbox"/> Lifting/Carrying/Holding/ Reaching <input type="checkbox"/> Walking	<input type="checkbox"/> Taking notes in class <input type="checkbox"/> Staying on task <input type="checkbox"/> Speaking/Communicating <input type="checkbox"/> Following instructions <input type="checkbox"/> Completing tasks <input type="checkbox"/> Completing tasks on time <input type="checkbox"/> Attending classes <input type="checkbox"/> Other:

Please provide a description of the applicant's primary disability including the frequency and severity of the functional limitations (barriers) that restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary school level (include recommendations for support, if applicable). (max 1400 characters)

**Secondary Disability (if applicable)**

List only ONE secondary disability and impacts associated with that particular disability.

Disability Type or Diagnosis List only one	Disability Impacts on Daily Activities (related to an educational setting) Check all that apply	
<input type="checkbox"/> Mental Health Disorder <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/> Mobility <input type="checkbox"/> Pervasive Developmental Disorder <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Other: <b>OR</b> diagnosis: (max 140 characters)	<input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Keyboarding/typing <input type="checkbox"/> Handwriting <input type="checkbox"/> Reading <input type="checkbox"/> Ascending/Descending stairs <input type="checkbox"/> Lifting/Carrying/Holding/ Reaching <input type="checkbox"/> Walking	<input type="checkbox"/> Taking notes in class <input type="checkbox"/> Staying on task <input type="checkbox"/> Speaking/Communicating <input type="checkbox"/> Following instructions <input type="checkbox"/> Completing tasks <input type="checkbox"/> Completing tasks on time <input type="checkbox"/> Attending classes <input type="checkbox"/> Other:

Please provide a description of the applicant's secondary disability including the frequency and severity of the functional limitations (barriers) that restrict the student's ability to perform the daily activities necessary to participate in studies at a post-secondary school level (include recommendations for support, if applicable). (max 1400 characters)

I certify that, to the best of my knowledge, the information provided on this form represents accurate and current information and that the person herein identified as 'The applicant' experiences the functional impairments I have indicated.

<b>Name of Certifying Medical Assessor:</b>		<b>Registration/Certification:</b>
<b>Specialty/Occupation of Medical Assessor:</b>		<b>Telephone Number:</b> (     )
<b>Mailing Address:</b>		<b>Fax Number:</b> (     )
<b>City/Town:</b>	<b>Province:</b>	<b>Postal Code/ZIP Code:</b>
<b>Signature (in ink):</b>		<b>Date (Year/Month/Day):</b>