



B.C. Assistance Program for Students with Disabilities

Non Post-Secondary Application (Adult Basic Education, English Second Language, Adult Special Education)

Maximum grant per person per program year (August 1 to July 31) is

\$10,000 (\$12,000 if for attendant care). *Subject to available funding.*

To be eligible for this program, you must answer YES to ALL of the following questions		Yes <input checked="" type="checkbox"/>
<p>1. Are you a student who has documentation of a permanent disability, or a persistent or prolonged disability from a medical specialist in a field relevant to your disability?</p> <p>For the purposes of the B.C. Assistance Program for Students with Disabilities grant:</p> <p>Permanent Disability is 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.”</p> <p>Persistent or Prolonged Disability is 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.”</p>		<input type="checkbox"/>
<p>2. Are you a Canadian citizen, permanent resident or a protected person living in Canada? If you are a permanent resident, you must attach a copy of the appropriate legal documentation (valid letter of decision [IMM1000, IMM5292] or a copy of your valid Permanent Resident Card). If you are a protected person, you must provide a copy of your Protected Person’s Status Document valid for the entire study period or a decision letter issued by the Immigration Refugee Board and a social insurance card/letter showing an expiry date after your study end date.</p>		<input type="checkbox"/>
<p>3. Have you been a resident of British Columbia for at least the past 12 consecutive months?</p>		<input type="checkbox"/>
<p>4. Have you enrolled in a non post-secondary (upgrading, English as a Second Language, Adult Special Education) course/program at a designated B.C. public or private post-secondary institution within B.C.? Attach a copy of your current course registration to this application. <i>Designated schools are those that have been approved for Canada student loans by a province or territory. See website: www.StudentAidBC.ca</i></p>		<input type="checkbox"/>
<p>5. Are you enrolled in a course of at least 6 weeks in length?</p>		<input type="checkbox"/>
<p>6. Do you have an income that falls below those shown in the income tables on Page 4?</p>		<input type="checkbox"/>
<p>7. You are not currently in default on a StudentAid BC loan?</p>		<input type="checkbox"/>
<p>8. If you have received funding from this program in the past, have you submitted all receipts or unused funds?</p>		<input type="checkbox"/>
<p>9. If you have previously received B.C. Assistance Program for Students with Disabilities funds and are applying for additional assistance, did you successfully complete your previous course(s)?</p>		<input type="checkbox"/>

Student: Complete Sections 1, 2, 3, 4, & 5 and submit this application to the Accessibility Resource Office (for public institutions) at least eight weeks before your study period end date. For private institutions please see Note end of page 4. You are not eligible for funding until your first day of classes.

ALL INFORMATION SUBJECT TO VERIFICATION AND AUDIT

SECTION 1 - Personal Information			
Last Name		First Name & Initial(s)	
<input type="text"/>		<input type="text"/>	
Mailing Address		Social Insurance Number	
<input type="text"/>		<input type="text"/>	
City/Town		Student Number	
<input type="text"/>		<input type="text"/>	
Province		Personal Education Number	
<input type="text"/>		<input type="text"/>	
Postal Code	Area Code	Telephone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="text"/>		Status: (Mark one box only)	
		<input type="checkbox"/> Single <input type="checkbox"/> Single Parent	
		<input type="checkbox"/> Married <input type="checkbox"/> Common Law	
		<input type="checkbox"/> Separated/Widowed/Divorced	

Name of Post-Secondary Institution	Campus (if Applicable)
How many dependants are living with you during the study period and have been claimed on your last year's income tax return ? <input type="checkbox"/> 0 (NO DEPENDANTS) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
If you have previously applied for the APSD as a student with a persistent or prolonged disability, is your persistent or prolonged disability still present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you in default of a previous StudentAid BC loan? <input type="checkbox"/> YES <input type="checkbox"/> NO	
This information will be verified. If you are in default, you are not eligible for this program.....	
How much in B.C. Assistance Program for Students with Disabilities grants do you owe in receipts or unused funds from previous applications? (enter '0' if none) \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	
(new funding cannot be provided until submitted)	

SECTION 2 - Disability and Accommodation Information

Indicate the nature of your permanent, or persistent or prolonged disability:

You must attach medical documentation to this application describing your permanent, or persistent or prolonged disability and showing what your educational barriers are. Acceptable documents are:

- A medical report from a licensed medical practitioner in the field relevant to your disability; or
- Verification of your disability (print Section 4 from Appendix 8, located in the Form Library at: www.StudentAidBC.ca; or,
- A current psycho-educational/learning disability assessment verification with a completed verification of your permanent, or persistent or prolonged disability (see Section 4 of the Appendix 8).

Only students with a disability that create barriers to post-secondary education are eligible for funding

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Psychiatric or Psychological
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Chronic Health Impairment (specify)
<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Pervasive Developmental Disability (e.g. Intellectual Disability)	
<input type="checkbox"/> Visual Impairment		

List the **educational barriers** you have that are **disability related** and how the service and/or equipment you are applying for would help you. If you are applying for **services**, attach **one cost estimate**.

SECTION 3 - Income

List **all** income for the 12 month period ending with your last month of study:

For example: If classes end in April, indicate income for the period from May through to April

- Include income from employment, self-employment, investments, EI, income assistance, child support, alimony, gifts from family/friends, etc. (Do **NOT** include StudentAid BC, child tax credit and GST.)
- For the months not yet worked, please estimate income from all sources.

APPLICANT- Income

Sources of <u>all</u> income. Name employer, type of federal or provincial government funding, indicate self-employed, etc.	FROM Year	Mth	TO Year	Mth	Total Gross Income for 12 month Period
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$.00
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$.00
➡ TOTAL GROSS INCOME for 12 months:					\$.00

SPOUSE or COMMON LAW PARTNER- Income

Sources of <u>all</u> income. Name employer, type of federal or provincial government funding, indicate self-employed, etc.	FROM Year	Mth	TO Year	Mth	Total Gross Income for 12 month Period
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$.00
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$.00
➡ TOTAL GROSS INCOME for 12 months:					\$.00

SECTION 4 – Declaration

I am applying for funding to help access my education under the assistance program for students with disabilities grant.

I. I understand that:

- 1) It is against the law to make false or misleading statements on this application or all documents related to it.
- 2) It is my responsibility to make sure that the information on this application and all the documents related to it are accurate.
- 3) All information is subject to audit and verification.
- 4) If I do not provide complete, accurate information or if I obtain or attempt to access financial assistance by fraudulent means, I may not receive assistance under the B.C. Assistance Program for Students with Disabilities program now or in the future.
- 5) If I receive money and it is then discovered that my application or documents forming a part of it are not accurate, I may be required to immediately repay all or part of the funds I receive. I may be required to do this if the mistake was made by me, my spouse or common law partner, sponsor or the school I am attending. I may also be required to repay any overpayment due to a change in my status.
- 6) If I receive funding under the program, the funding received will be taxable income.
- 7) If I receive money for my exceptional education-related costs, I will provide to the school, by the end of my study period, receipts showing that the funds were spent for their intended purpose and return any unused funds.

II. I understand that by signing below, it means:

- 1) I have answered all questions on the application that pertain to me.
- 2) I certify that all the information is complete and accurate.
- 3) I am a registered student and will be attending a designated public or private post-secondary school within the province of British Columbia.
- 4) I require financial assistance for my access to education.
- 5) I will notify the school, in writing, of any changes in my address, academic status (e.g. course load, study period), financial status (part-time earnings, cash gifts, etc.), marital status or in the financial status of my spouse or common law partner.
- 6) I give my school permission to exchange information with StudentAid BC and Assistive Technology British Columbia regarding my disability, access requirements, academic standing, awards, living arrangements and financial status.
- 7) I give permission to the school, StudentAid BC, and Assistive Technology British Columbia to contact my physician, medical professional or psychologist if deemed necessary, in order to obtain information directly related to my disability.
- 8) I am in good standing regarding any previous StudentAid BC loans;
- 9) I consent to the Ministry of Post-Secondary Education and Future Skills (or a person delegated by the ministry) to do the following as it pertains to my disability and the equipment and or services I am requesting:
 - Exchange information about me with my school, societies and resource centers for persons with disabilities, the Employment Program of B.C., the Ministry of Health, the Ministry of Social Development and Poverty Reduction, Employment and Social Development Canada and Assistive Technology British Columbia.
 - Obtain information about me from the Superintendent of Motor Vehicles, BC Assessment, ICBC, BC Registries, BC Land Titles, Citizenship and Immigration Canada, WorkSafe BC, and my school.

Signature of applicant (original and must be signed in ink)	Print name	Date signed Year Month Day □ □ □ □ - □ □ - □ □
Photocopied or faxed signatures cannot be accepted.		
Signature of spouse or common law partner (If applicable)	Spouse or common law partner social insurance number □ □ □ □ - □ □ □ □	Date signed Year Month Day □ □ □ □ - □ □ - □ □
Photocopied or faxed signatures cannot be accepted.		

SECTION 5 - Canada Revenue Agency Consent Important document – read, sign and date

For the purpose of verifying the data provided in this application for student assistance, I hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Post-Secondary Education and Future Skills (or a person delegated by the ministry), of taxpayer information from any portion of my income tax records that pertains to information given by me on any StudentAid BC application. The information will be relevant to, and used solely for the purposes of determining and verifying my eligibility for and entitlement to the StudentAid BC programs under the *Canada Student Financial Assistance Act*. This authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature of this consent, and for any other subsequent consecutive taxation year for which assistance is requested.

Signature of applicant (Original and must be signed in ink)	Print name	Date signed Year Month Day □ □ □ □ - □ □ - □ □
Photocopied or faxed signatures cannot be accepted.		

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

SECTION 6 – Waiver (Optional) Important Document – Read, Sign and Date



If I am awarded a grant under the B.C. Assistance Program for Students with Disabilities (APSD), I, PRINT YOUR NAME , authorize the province of British Columbia agent, YOUR SCHOOL , to cash the cheque(s) on my behalf.

I am authorizing the school to hire a service worker (interpreter, tutor, note-taker, etc.) on my behalf.

Signature of applicant (Original and must be signed in ink)	Print name	Date signed Year Month Day □ □ □ □ - □ □ - □ □
Photocopied or faxed signatures cannot be accepted.		

These Sections are for your school to fill out

Student name	<input type="text"/>
Social insurance number	<input type="text"/>

SECTION 7 - Course Information

Complete this section only if this information is not on the student's current registration documents

Name of Post-Secondary institution										Campus (if applicable)									
Mailing address										City/Town					Province		Postal code		
Course Name					Course Number					Start Date: YY/MM/DD			End Date: YY/MM/DD						

SECTION 8 - Disability and Accommodation Information

List all the services/equipment needed to accommodate the student **not provided by the school.**

Specialized services/adaptive equipment **you are approving:**

Program funding **can** be used for:

- Note-taker
- Specialized tutor for disability related barriers
- Reader
- Interpreter/Captioning
- Attendant care while at school
- Specialized transportation (e.g. HandyDart) to/from institution; only ministry approved transport

Alternate formats (e.g. large or Braille print, talking textbooks)

LIST:

Equipment support (e.g. computer, adaptive software)

LIST:

Does the student have the equipment or software that they are currently requesting? YES NO (If YES include reasoning why the student requires duplicate equipment/software)

Technical support (e.g. training, repair, upgrading)

LIST:

Other LIST:

SECTION 9 - Disability or Registrar Office Use Only

Award Amount

Total income	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00										
Recommended for assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	- state reason(s):																
FIRST DISBURSEMENT	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	For The Dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SECOND DISBURSEMENT	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	For The Dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
THIRD DISBURSEMENT	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	For The Dates:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL APSD AMOUNT	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	For the	<input type="text"/>	/	<input type="text"/>	Program Year					

Accessibility services staff/signing authority:

I certify the above named student is registered in the program indicated and based on the information provided by the student, the requirement stated is correct.

Area Code	Telephone Number
<input type="text"/>	<input type="text"/>
Local:	<input type="text"/>

Signature (Original and must be signed in ink)	Print name	Date signed	Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income Table for Grant Eligibility	Maximum Gross Income	The program grant <u>cannot</u> be used for:
Size of Family		
1 (single student)	\$35,429	<ul style="list-style-type: none"> × Living expenses. × Tuition and books. × Vehicle modifications/purchase, maintenance, repairs or fuel. × Alterations for educational institutions or residences. × Medical treatments, prescriptions or fees
2 (married with no children or single parent with one child)	\$50,104	
3	\$61,365	
4	\$70,859	
5	\$79,222	
6	\$86,784	
7 or more	\$93,737	

Note: Private Institutions – for students in post-secondary programs please forward an email to dpu.studentfunding@gov.bc.ca with student name and loan application number. Requested assistive equipment and/or services must be described using a Service Request Form. For students in non post-secondary programs please contact dpu.studentfunding@gov.bc.ca for further instruction.

- × Attendant care for home.
- × In place of institutional funds, if institutional funds are available.