



StudentAidBC

- ➔ Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities
- ➔ Assistive Technology British Columbia

Ministry Date Stamp

## Application form

This application form is for post-secondary students with permanent disabilities who are applying for specialized services and/or adaptive equipment through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities and Assistive Technology British Columbia.

Qualifying students must successfully demonstrate that their disability related education barrier would prevent the student from completing their program of studies.

## Who is eligible?

To be eligible for a Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities of up to \$8,000 per program year (Aug. 1 to July 31):

**1. You must submit current (three to five years) medical documentation that describes your permanent disability and clearly identifies the resulting educational barriers.** This can include any of the following:

- A medical report from a licensed medical assessor in the field relevant to your disability.
- A verification of permanent disability form.
- A current learning disability assessment.

**2. You must demonstrate at least one dollar of financial need.**

**If you are attending full-time studies** (for students with disabilities, 40 to 100 per cent), you must complete and be approved for a StudentAid BC loan.

Write your loan application number here:

**If you are attending part-time studies** – (for students with disabilities, 20 to 59 per cent), you must complete and be approved through a Part-Time Canada Student Loan/Grant application.

➔ Did you remember to attach a photocopy of your approved part-time loan/grant to this application?

Yes

**3. You must not be in default of a Canada student loan.** Students in federal default can contact:

Canada Student Loan Program Directorate Attn: Case Review Unit  
 Human Resources and Skills Development Canada  
 PO Box 2090, Station D  
 Ottawa ON K1P 6C6  
 Phone: 1-888-815-4514 and ask to be transferred to the case review unit.  
 Fax: 1-819-953-6057  
 TTY line for hearing impaired: 1-819-994-1218  
 Website: [www.hrsdc.gc.ca](http://www.hrsdc.gc.ca)

If the Canada student loans program directorate approves you for further funding, forward a copy of the clearance letter to :

**Mailing Address:**

Ministry of Advanced Education and  
 Labour Market Development  
 StudentAid BC, Special Programs Unit  
 PO Box 9173, Stn Prov Govt  
 Victoria BC V8W 9H7

**Courier Address:**

Ministry of Advanced Education and  
 Labour Market Development  
 StudentAid BC, Special Programs Unit  
 1106 Cook St  
 Victoria BC V8V 3Z9

**Phone:** 250 387-6100 (in Victoria), 604 660-2610 (in the B.C. Lower Mainland), or  
 1-800-561-1818 (toll-free in Canada/U.S.). TTY line for deaf or hearing impaired: 250-952-6832.

**4. You must not have outstanding receipts or unused Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities funding.** All outstanding receipts and unused funds must be submitted, with your name and social insurance number clearly marked, to the address above. (Ministry of Advanced Education and Labour Market Development)

## How do I apply?

Complete sections 1, 2 and 3 (if applicable) of this application form.

Submit this application and **ALL** documentation listed below to your school's disability co-ordinator or financial aid officer, who will complete sections 4 and 5.

- Current (three to five years) medical documentation that diagnoses your permanent disability and lists the impact it has on you in an educational setting (if this is your first time requesting equipment/services)
- A copy of your registration for your current course(s) applicable to the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities program.
- Two different estimates, **from the service provider**, listing all their contact information, their qualifications for the services offered, an explanation of the services they will provide for you, for which course, the course dates, their hourly rate and how often per day/week.
- A copy of your approved part-time loan/grant application or your StudentAid BC application number.

## Section 1 – Personal Information

01 Legal Last Name

02 Legal First Name

Middle Initial(s)

03 Mailing Address

All mail will be sent to this address

04 City/Town

05 Province/State

06 Postal Code/Zip Code

07 E-mail

08 Social Insurance Number

09 Name of School

10 School Campus

11 Date of Birth

Year

Month

Day

12 Area Code

Telephone Number

13 Personal Education Number (optional)

14 Are you in default of a Canada student loan?

- Yes (If you are in default, you are not eligible for this program.)
- No

If you are unsure of your status, refer to #3 on page 1 of this application.

15 Do you have a B.C. student loan or an approved Part-Time Canada Student Loan/Grant?

- No (not eligible until approved)
- Yes This is my StudentAid BC Application #

or

Did you attach a photocopy of your approved part-time loan/grant to this application?

Yes

16 (a) Do you have a claim with either of the following?  Yes  No

- Automobile insurance claim (bodily injury claims only).
- WorkSafeBC

(b) Describe the status of your claim:

- Active – attach a letter stating why the agency above is not providing you with the requested services/equipment.

Contact Name

Area Code

Telephone Number

Inactive - Closing Date

Year

Month

Day

In Appeals – Date as of

Year

Month

Day

## Section 2 – Declaration

## Important Document – Read, Sign and Date

I am applying for financial assistance to access education.

### I. I understand that:


- 1) Answers that are not true, or that are misleading, may be considered fraud. Fraud is against the law in Canada.
- 2) It is my responsibility to make sure the information on this application is true and correct.
- 3) All information is subject to audit and verification.
- 4) If I do not provide complete, accurate information, I may not receive assistance through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities program or Assistive Technology British Columbia in the future.
- 5) If I receive money, and it is then discovered that my application, or documents included with it, are not accurate, I may be required to repay immediately all or part of the funds I receive. I may be required to do this if the mistake was made by myself, my spouse or common law partner, parents, guardian, sponsor, school or StudentAid BC. I may also be required to repay any overpayment, due to a change in my status.
- 6) If I receive funding under the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities program, the funding received will be taxable income.
- 7) If I receive money for exceptional education-related costs, I will provide to the Ministry of Advanced Education and Labour Market Development, by the end of my study period, receipts showing that the funds were spent for their intended purpose, and I will return any unused funds.

### II. I understand that my signature below 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 post-secondary school eligible for Canada student loan assistance.
- 4) I need financial assistance to access education.
- 5) I will notify StudentAid BC and Assistive Technology British Columbia, in writing, of any changes in my address, academic status (i.e., course load, study period), financial status (part-time earnings, cash gifts, etc.), marital status, or the financial status of my spouse or common law partner.
- 6) I give my school permission to exchange information with StudentAid BC, Assistive Technology British Columbia, the Ministry of Employment and Income Assistance/ employment program for persons with disabilities (or a contracted agent of the ministry), about my disability, access requirements, academic standing, awards, living arrangements and financial status.
- 7) I give permission to StudentAid BC, Assistive Technology British Columbia, Ministry of Employment and Income Assistance/employment program for persons with disabilities (or a contracted agent of the ministry) to contact my doctor, medical professional or psychologist if deemed necessary, to obtain information directly related to my disability.
- 8) All of my previous Canada student loans are in good standing.
- 9) I consent to the Ministry of Advanced Education and Labour Market Development (or a contracted agent by the ministry) to do the following as it relates to my disability and the specialized services and/or adaptive equipment I am requesting:
  - Exchange information about me with my school, societies and resource centres for persons with disabilities, the Ministry of Health (or a contracted agent), the Ministry of Employment and Income Assistance/employment program for persons with disabilities (or a contracted agent of that ministry), Human Resources and Skills Development Canada and Assistive Technology British Columbia.
  - Get information about me from the Office of the Superintendent of Motor Vehicles, B.C. Assessment Authority, Insurance Corp. of B.C., B.C. Registry Services, Land Title and Survey Authority of B.C., Citizenship and Immigration Canada, WorkSafe BC and my school.

### COLLECTION AND USE OF PERSONAL INFORMATION

The information in this form, and authorized below, is collected under the authority of StudentAid BC. The information collected on this form will be used to determine eligibility for the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities. If you have any questions about the collection, use or disclosure of this information, contact the Administrator, Special Programs Unit, StudentAid BC, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, or Courier to Special Programs Unit, StudentAid BC, 1106 Cook St, Victoria BC, V8V 3Z9, telephone 250 387-6100, 604 660-2610 (in the B.C. Lower Mainland), or 1-800-561-1818 (toll-free in Canada/U.S.). TTY line for the deaf or hearing impaired: 250 952-8632.

<b>Signature of Applicant (in ink)</b> 	<b>Print Legal Name</b>	<b>Date Signed</b> Year      Month      Day <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table>									


## Section 3 – Waiver

## Important Document – Read, Sign and Date

(Complete waiver if you are requesting services or equipment)

If I am awarded a Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities, I, , authorize the Province of British Columbia agent  to cash the cheque(s) on my behalf.

- I am authorizing the school to hire a service worker (interpreter, tutor, notetaker etc.) on my behalf.
- I am authorizing Assistive Technology British Columbia to buy equipment and/or software on my behalf.

<b>Signature of Applicant (in ink)</b> 	<b>Print Legal Name</b>	<b>Date Signed</b> Year      Month      Day <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table>									

**Section 4 - Completed by Disability Co-ordinator, School Official or designated ministry contracted agent**

<p><b>For services send to:</b></p> <p><b>Mailing Address:</b>                  Ministry of Advanced Education and Labour Market Development                  StudentAid BC                  PO Box 9173, Stn Prov Gov't                  Victoria, BC V8W 9H7</p>	<p><b>Courier Address:</b>                  Ministry of Advanced Education and Labour Market Development                  StudentAid BC                  1106 Cook St,                  Victoria, BC V8V 3Z9</p>	<p><b>For equipment send to:</b>                  Assistive Technology British Columbia                  108-1750 West 75<sup>th</sup> Ave                  Vancouver BC V6P 6G2                  Phone: 604 264-8295, fax 604 263-2267. TTY line for deaf or hearing impaired: 604 263-2267.</p>
--	--	---

Phone: 250 387-6100 (in Victoria), 604 660-2610 (in the B.C. Lower Mainland), or 1-800-561-1818 (toll-free in Canada/U.S.). TTY line for deaf or hearing impaired: 250 952-6832.

**01 Nature of the student's permanent disability – check and provide documentation for all that apply**

<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Mental health disability
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Neurological disability
<input type="checkbox"/> Chronic medical condition – specify		
<input type="checkbox"/> Other – specify _____		

**02 (a) Identify supports, strategies or modifications that have or will be made, by the school to accommodate the student's needs.  
 (b) Check all services and/or equipment you support to reduce the impact of the disability to the student in an educational context.  
 (Disability not curriculum related.)**

School Support	Canada Study Grant	Assistive Technology Loan	Check all services and equipment required and supported
<input type="checkbox"/>	<input type="checkbox"/>		Notetaker/scribe.
<input type="checkbox"/>	<input type="checkbox"/>		Reader (if not available through school).
<input type="checkbox"/>	<input type="checkbox"/>		Tutor (specialized tutor for disability-related educational access barriers only).
<input type="checkbox"/>	<input type="checkbox"/>		Interpreter/captioning (only if not available through school).
<input type="checkbox"/>			Taped lectures.
<input type="checkbox"/>			Accommodated exams.
<input type="checkbox"/>			Access to computer resources or adapted or alternate workstation or classroom.
	<input type="checkbox"/>		Attendant care (while at school only).
	<input type="checkbox"/>		Specialized transportation to/from school only (must be ministry approved).
<input type="checkbox"/>	<input type="checkbox"/>		Alternate formats - i.e., large or Braille print, taped lectures (only if not available through school). LIST: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Curriculum software – attach a statement by a program instructor confirming that software is required in and out of class assignments. LIST: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment support - i.e., computer, adaptive software. LIST: _____
			Does the student have the equipment or software they are currently requesting? <input type="checkbox"/> Yes – attach rationale why the student needs duplicate equipment/software <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		Technical support -i.e., repair, upgrading LIST: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audiological – i.e., FM system, support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other – LIST: _____

**Section 5 Signing Authority– Read, Sign and Date**

Disability co-ordinator/school official or designated ministry contracted agent: By signing below and based on the information provided by the student, I attest to the fact that this student requires all of the equipment and/or services listed above to reduce the barrier caused by the disability so the student can successfully complete current educational goals.

<p><b>Area Code</b>                  ( ) ( ) ( )</p>	<p><b>Telephone Number</b>                  ( ) ( ) ( ) ( ) ( ) ( )</p>	<p><b>Local</b>                  ( ) ( ) ( ) ( )</p>	
<p><b>Signature (in ink)</b></p>		<p><b>Print Name</b></p>	<p><b>Date Signed</b></p> <p>Year: ( ) ( ) ( ) ( )    Month: ( ) ( )    Day: ( ) ( )</p>