

# Canada-New Brunswick Integrated Student Financial Assistance Program

## Disability Verification Form

### Purpose of this form

This form is used to collect information about your disability, including documentation from a qualified medical assessor (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for student financial assistance purposes.

If approved, you may receive additional disability-related funding through the Canada Student Grant for Students with Disabilities (CSG-D). You may also qualify for other funding through the Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE). This program, which requires a separate application, helps students with the costs of their disability-related educational services and equipment, such as note-takers, tutors, or technical aids. A copy of the application is available at [studentaid.gnb.ca](http://studentaid.gnb.ca).

*A **permanent disability**, for the purpose of student financial assistance, is 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.*

*A **persistent or prolonged disability**, for the purpose of student financial assistance, is 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 disabilities for the purpose of Canada Student Financial Assistance Program funding.

### How to complete this form

There are two sections to this form: Section A and Section B.

- Fill out Section A, including the declaration and consent that you must sign and date; **and**
- Have Section B completed by a qualified medical assessor. The appropriate qualified health care professional for each type of disability is specified in Part 2 of Section B.

Normally, you are only required to have this form completed once. Fees that you may be charged to have this form completed are your responsibility and will not be reimbursed by Student Financial Services.

## Students with Learning Disabilities

Learning Disabilities (LDs) are specific neurological disorders that affect the way a person stores, understands, retrieves and/or communicates information. LDs range in severity and may interfere with the acquisition and use of one or more of the following: oral language, reading, written language and mathematics. LDs are NOT the same as an intellectual disability. LDs can occur with but are not the same as other disorders such as ADHD, autism, behavioral disorders, etc.

Students applying for disability grant funding on the basis of a learning disability must have a psychoeducational assessment completed by a registered psychologist. For the purpose of this application, your psychoeducational assessment must have been completed within five years of the date of your application or at the age of 18 or older. You are not required to have Section B of this form completed by a medical assessor. You will need to complete Section A of this form and attach a copy of the psychoeducational assessment.

## Deadline to submit this form

The completed form and all supporting documentation should be submitted as early as possible; however, it must be received by Student Financial Services no later than **six weeks before the end of your study period** as funds cannot be released after your period of study end date.

Forms that are incomplete will not be processed. A letter will be sent requesting appropriate completion of the form which will result in processing delays.

You must have your post-secondary school complete a separate Request for Program Information form if you are applying for full time studies as a student with a disability.

Your student financial assistance application will not be processed until all documentation has been received.

If you are experiencing difficulties in obtaining the required documentation, please contact Student Financial Services at 1-800-667-5626.

## How to submit this form

Submit both Section A (completed by you) and Section B (completed by a qualified medical assessor). If you are applying based on a learning disability you need to submit Section A (completed by you) and a copy of your psychoeducational assessment in place of Section B.

Completed forms and supporting documentation can be submitted electronically by visiting [studentaid.gnb.ca](http://studentaid.gnb.ca) and selecting *Upload a Document*. All forms and documentation can also be sent by fax or mailed to Student Financial Services.

## Questions?

If you need help with this form or have questions about assistance with your disability-related educational costs, contact Student Financial Services:

Mailing Address: Student Financial Services  
Post-Secondary Education, Training and Labour  
Beaverbrook Building, P.O. Box 6000  
Fredericton, New Brunswick E3B 5H1

Fax: 506-444-4333

Telephone: 1-800-667-5626  
506-453-2577

Hours: 8:00 a.m. to 7:30 p.m. Monday to Friday  
9:00 a.m. to 1:00 p.m. Saturday

Website: [studentaid.gnb.ca](http://studentaid.gnb.ca)

# SECTION A – TO BE COMPLETED BY ALL APPLICANTS

## Part 1: Applicant Information

Social Insurance Number (SIN): \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

---

Legal First Name

Legal Last Name

Middle Initial

## Mailing Address

---

Street Address/P.O. Box

Apartment No.

City/Town

---

Province/Territory

Country (other than Canada)

Postal Code

Area Code and Telephone No.: \_\_\_\_\_

## Program Information

Name of Post-Secondary School: \_\_\_\_\_

Name of Program: \_\_\_\_\_

A Request for Program Information form must be completed by your school.

- A Request for Program Information form is attached with this form.
- A Request for Program Information form will be sent separately.

Please check the appropriate box:

- This is my first time applying as a student with a disability.
- I am now providing additional information or my situation has changed.

## Part 2: Applicant's Statement of Limitations and Restrictions

Please describe the challenges and/or barriers that you experience due to your disability that impact your daily activities related to studying at the post-secondary level.

Do not include accommodations, equipment or services that may be needed.

Please print clearly.

## Part 3: Applicant's Declaration and Consent

### To be completed by all applicants.

I understand that this form is part of my application for student financial assistance and as such includes all the terms and conditions as stated in the full time or part-time student financial assistance application.

In addition to the terms and conditions stated in the full time or part time student financial assistance application, I also understand that:

I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement.

I authorize the physician or other regulated health care professional who has completed Section B of this form or the psychoeducational assessment report to provide the requested personal health information to the Department of Post-Secondary Education, Training and Labour (the Department) and, if required by the Department, to provide additional personal health information relating to my disability or disability-related needs.

I authorize the Department to contact the physician or other regulated health care professional if the personal health information provided is not clear or is illegible. This authorization is limited and does not extend to allow the Department to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.

I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited.

### INFORMATION CONSENT

Personal information is collected and used for the administration of the Canada Student Financial Assistance Program under the authority of the *Canada Student Financial Assistance Act* (CSFAA) and the *Canada Student Loans Act* (CSLA). Information about you under the control of Canada will be administered in accordance with the *Privacy Act* (Canada).

Under the authority of the *Post-Secondary Student Financial Assistance Act, 2007, c.P-9.315*, the Department collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the *Right to Information and Protection of Privacy Act, SNB 2009, c. R-10.6* (RTIPPA); section 37(1) of the *Personal Health Information Protection and Access Act, SNB 2009, c. P-7.05* (PHIPAA); and the Department's *Document and Record Management Policy* for the purposes of administrating programs and services.

**THIS IS A TWO PAGE DECLARATION AND CONSENT**

**PLEASE INITIAL TO ACKNOWLEDGE THAT YOU HAVE READ THIS FIRST PAGE \_\_\_\_\_**

I consent to the Department collecting only as much personal information as is reasonably necessary and using my information for the following purposes:

- processing my application for student financial assistance;
- determining and verifying my eligibility for student financial assistance;
- administering any student financial assistance provided to me, including the repayment and collection thereof;
- conducting research and evaluation of the Student Financial Assistance Program(s);
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- confirming the accuracy of my identification in the context of my application for federal and provincial student financial assistance.

I understand that in order to accomplish these purposes, my information may need to be shared. I hereby consent to the Department exchanging any personal information about me collected in relation to my application for financial assistance, with any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons.

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program because of its administrative requirements and the requirements established by the *Canada-New Brunswick Student Loan Program Integration Agreement* and in accordance with the RTIPPA.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

*I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.*

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Part 4: Students with Learning Disabilities

Learning Disabilities (LDs) are specific neurological disorders that affect the way a person stores, understands, retrieves and/or communicates information. LDs range in severity and may interfere with the acquisition and use of one or more of the following: oral language, reading, written language and mathematics. LDs are NOT the same as intellectual disability. LDs can occur with but are not the same as other disorders such as ADHD, autism, behavioral disorders, etc.

Are you applying as a student diagnosed with a **Learning Disability**?

Yes  No

**If Yes:**

- complete and submit only **Section A of this form; and**
- submit a copy of your psychoeducational assessment (completed within 5 years of your application for financial assistance or at the age of 18 or older) that confirms the diagnosis of a learning disability and lists barriers as a result of the learning disability.
- if you have an another disability in addition to your learning disability that is not identified in the psychoeducational assessment, you must also submit section B completed the appropriate medical assessor in order to have that disability considered.

**If No:**

- have a qualified medical assessor complete Section B.

### Reimbursement for Psychoeducational Assessment Costs

A **psychoeducational assessment** is a specific type of psychological assessment completed by a licensed psychologist. It involves a series of tests, questionnaires and clinical interviews that investigate a person's learning potential and academic skill development as well as social-emotional functioning.

Under the Canada Student Grant for Services and Equipment – Student with Disabilities (CSG-DSE), you may apply for reimbursement of 100% of the cost (up to a maximum of \$3,500) of one psychoeducational assessment that confirms the diagnosis of a learning disability.

Criteria:

- The psychoeducational assessment must have been completed within six months of the start date of your study period.
- The psychoeducational assessment must clearly indicate a diagnosis of a learning disability and describe barriers / limitations which may impact your participation in post-secondary.
- An official receipt for the psychoeducational assessment and a copy of the assessment report is required.
- Reimbursement will not be provided for any portion of the cost that was paid for or reimbursed by another person or a private insurance plan.

If you are requesting reimbursement for a recently completed **psychoeducational assessment**, please complete the following:

Date of Assessment (yyyy/mm/dd): \_\_\_\_\_

Assessment Cost for Reimbursement: \$ \_\_\_\_\_

- I have attached a copy of an official receipt for the psychoeducational assessment.
- I have attached a copy of the psychoeducational assessment report completed by the psychologist.



## SECTION B – VERIFICATION OF DISABILITY

**To be completed by the qualified medical assessor based on the type of disability as specified on page 10. No portion of this section of the form is to be completed by the patient or their parent or partner. Once completed, please return the form to the patient for submission.**

This form will provide crucial information which will be used to assess your patient's eligibility for disability-related student financial assistance. Eligibility is determined on the basis of other factors in addition to the medical diagnosis. Our assessors consider the entire individual, including:

- the nature and severity of their medical condition;
- the daily functional impact(s) of the medical condition on their ability to participate in a post-secondary educational environment; and
- the duration of the patient's medical condition.

Please print clearly and fully answer all questions below. Please be sure to put your initials in the space provided on the bottom of each page as well as sign and date the last page. If needed, provide additional details on your official letterhead and attach to this document.

What we need from you is a clear and comprehensive medical assessment of your patient's medical condition, together with information about any limitations on the person's capacity to function in a post-secondary environment. Provide clear statements about your patient's disability-related functional limitations and/or restrictions as related to post-secondary studies. Avoid unclear terms such as "may", "suggests" or "is indicative of". The information provided must be specific to the student and not the general population with the same disability. We need to have enough information to be satisfied that your patient meets the eligibility requirements for disability-related student financial assistance. If your patient's medical condition does not have any impact on their participation in post-secondary studies, they do not qualify for disability-related student financial assistance.

Forms that are incomplete or do not provide enough information will result in denial or delays in funding. Note that the patient is responsible for any fees incurred to complete this form.

By completing Section A of this form, the patient has provided authorization for a physician or other regulated health care professional to provide the requested personal health information in this form to the Department of Post-Secondary Education, Training and Labour (the Department) and, if required by the Department, to provide additional personal health information relating to the patient's disability or disability-related needs.

The patient has also authorized the Department to contact the physician or other regulated health care professional if the personal health information provided is not clear or is illegible. This authorization is limited and does not extend to allow the Department to gather any personal health information from the physician or other regulated health care professional that is not related to this form or any related documentation that the patient has submitted.

Patient's Full Name: \_\_\_\_\_

Patient's Date of Birth (yyyy/mm/dd): \_\_\_\_\_

## Part 1: Patient's Disability Status

A **permanent disability**, for the purpose of student financial assistance, 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**
- is expected to remain with the person for the person's expected life.

A **persistent or prolonged disability**, for the purpose of student financial assistance, 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.

Does the patient have a disability (either permanent, or persistent or prolonged), as defined above?

Yes  No

If you answered "**No**", no further information is required. Ensure that Part 5: Medical Assessor Information (page 14) is completed, then return the form to the patient.

Does the disability result in a functional limitation that restricts the patient's ability to perform daily activities necessary to participate in their post-secondary educational studies?

Yes  No

If you answered "**No**", no further information is required. Ensure that Part 5: Medical Assessor Information section (page 14) is completed, then return the form to the patient.

Choose **ONE** of the following statements that best describes the patient's disability status.

Patient's disability is **permanent**, results in functional limitations that impacts their ability to perform daily activities necessary to study at the post-secondary level and is expected to remain for their lifetime.

Patient's disability is **persistent or prolonged**, results in functional limitations that impacts their ability to perform daily activities necessary to study at the post-secondary level and has lasted, or is expected to last, for a period of at least 12 months, but is not expected to remain for their lifetime.

How long has this person been in your care for this disability? \_\_\_\_\_

Date of onset of disability (if known): \_\_\_\_\_

Medical Assessor Initials: \_\_\_\_\_

## Part 2: Type of Disability (check all that apply)

**Mobility/Agility Impairment**

*Form to be completed by a Physician or Nurse Practitioner.*

**Visual Impairment**

*Form to be completed by an Ophthalmologist or Optometrist.*

- 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
- Near point vision for print reading of \_\_\_\_\_

**Hearing Impairment**

*Form to be completed by a Certified Audiologist.*

Level of hearing loss in the better ear (Check the appropriate boxes)

- Mild     Moderate     Severe     Profound
  
- Hearing loss interferes with patient's learning
- Uses hearing aids
- Would benefit from amplification devices in an educational/vocational setting

**Speech Impairment**

*Form to be completed by a Speech Language Pathologist.*

**Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**

*Form to be completed by a Psychologist, Physician or Nurse Practitioner.*

**Pervasive Developmental Disorder (Autism)**

*Form to be completed by a Physician, Nurse Practitioner or Psychologist.*

**Psychiatric or Psychological**

*Form to be completed by a Clinical Psychologist, Psychiatrist, Physician or Nurse Practitioner.*

**Cognitive Impairment (ex: Acquired Brain Injury)**

*Form to be completed by a Physician or Nurse Practitioner.*

**Other Disability (specify)**

Medical Assessor Initials: \_\_\_\_\_

### Part 3: Disability Impacts on participation in post-secondary studies

List and describe the functional limitations or barriers of the disability that restrict or impact the patient's ability to participate in an educational setting. Include the duration and effects of the limitations/barriers. We require sufficient information to determine if your patient meets the eligibility requirements for disability-related student financial assistance.

Do not include accommodations, equipment or services that may be needed in this section (see Part 4). Please print clearly.

Note: References to the Applicant's Statement of Limitations and Restrictions (page 5) are not sufficient and will not be accepted.

No impacts

If more space is required, please attach a second copy of this page or official letterhead to this completed form.

Medical Assessor Initials: \_\_\_\_\_

## Part 4: Recommended accommodations or supports for post-secondary studies

Based on the patient's disability-related functional limitations and barriers, which accommodations or supports do you recommend that will facilitate their participation in post-secondary studies?

Check all that apply:

- No recommended accommodations or supports
- Reduced course load.
- Specialized Services. **Please specify:**

- Specialized Equipment. **Please specify:**

Medical Assessor Initials: \_\_\_\_\_

## Part 5: Medical Assessor Information

Name of Medical Assessor: \_\_\_\_\_

Specialty of Medical Assessor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Registration I.D.: \_\_\_\_\_

Practitioner Stamp:

I certify that the information provided is, to the best of my knowledge, accurate and complete and the patient identified above experiences the disability-related educational barriers indicated. I understand that it is an offence to make a false and misleading statement. I understand that this information will be used to determine if my patient is eligible for student financial assistance programs for students with disabilities.

X \_\_\_\_\_  
Signature of Medical Assessor

\_\_\_\_\_  
Date (yyyy/mm/dd)