



Education and Training

Manitoba Student Aid

401-1181 Portage Avenue, Winnipeg, Manitoba, Canada R3G 0T3

T 204-945-6321 F 204-948-3421

www.manitobastudentaid.ca

Student's Name: «1», «2»

File #: «12»

«14»

Application for Canada Student Grant for Persons with Permanent Disabilities and Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities

Submission Deadline: «15»

***Deadline:** Forms submitted past deadline will not be accepted by Manitoba Student Aid as there may not be sufficient time for processing. Funds cannot be released after your study period ends. If the attached forms have not been returned by the submission deadline, your disability claim for this application may be cancelled.*

You have indicated that you have a permanent disability. You may be eligible for one or both of the following grants:

Canada Student Grant for Persons with Permanent Disabilities

- \$2000 (per program year) for assessed need

Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities

- Up to \$8000 (per program year) for specialized services and equipment

Instructions

- ☐ **Complete Section A – Student's Declaration of Limitation and Restrictions.**
- ☐ **Have the attached Verification of Permanent Disability Form completed by the appropriate qualified medical assessor.** For example, if you are visually impaired, your form should be completed by an Ophthalmologist or Optometrist. If you have a learning disability, a Registered Psychologist must complete this form and attach a Psycho-Educational Learning Disability Assessment.
- ☐ **Meet with a Disability Services Counsellor at your school and have them complete the attached Costing form for the Grant for Students with Permanent Disabilities.**
- ☐ **Return these forms to:**
Manitoba Student Aid, 401 – 1181 Portage Avenue, Winnipeg, Manitoba R3G 0T3.

If you have questions, please contact the Disability Services Office at your school.

Manitoba Student Aid

OFFICE USE ONLY

PD STATUS ☐ APPROVED ☐ DENIED
 ☐ REDUCED (40%) CL

PRIMARY DX: _____

SECONDARY DX: _____

APPROVED BY: _____

DATE: _____

Student's Name: «1», «2»

File #: «12»

**Manitoba Student Aid
Verification of Permanent Disability Form**

**For Canada Student Grant for Persons with Permanent Disabilities and
Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities**

Manitoba Student Aid will use this form to help determine this student's eligibility for one or both of the above grants for persons with permanent disabilities. This information **must** be received before Manitoba Student Aid can release the grants.

The **deadline** for the student to **submit this form** is «15». Your prompt attention is appreciated.

Definition of Permanent Disability:

"Permanent disability" 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 in studies at a post-secondary school level or in the labour force and is expected to remain with the person for the person's expected life.

Note: Not all medical conditions are considered permanent disabilities for the purpose of these grants.

Instructions for the Medical Assessor:

- **Complete all applicable sections of this form, including Section I, and return the form to the student.**
- Ensure that the diagnosis represents the student's permanent disability *and* lists the disability-related educational barrier(s).
- If the student has more than one disability, please indicate primary and secondary.
- Indicate how the recommended supports will overcome the disability-related educational barrier(s).
- Where applicable, indicate if the student's disability necessitates a reduced course load (below 60% of a full course load), even with the recommended supports. If you require more space, please attach additional sheets of paper.
- The student is responsible for any fees you may charge to complete this form.

Section A – STUDENT’S DECLARATION OF LIMITATIONS AND RESTRICTIONS (to be completed by student)

Please explain how your disability restricts and/or creates a barrier in your ability to perform the daily activities necessary to participate in studies at the post-secondary level or in the labour force.

Take this form to the appropriate medical assessor for completion and submission.

Section B – ADHD/ADD (to be completed by a Physician, Psychologist, Neurologist or Psychiatrist)

Diagnosis:

Date of onset/diagnosis:

Severity: ☐ Mild ☐ Moderate ☐ Severe

Medication and side effects, where applicable:

Disability-related educational barrier(s):

Recommended services/adaptive equipment and supporting rationale:

Section C – Hearing Impairment (to be completed by a Certified Audiologist)

Level of hearing loss in the better ear [indicate appropriate description(s)]:

☐ Mild ☐ Moderate ☐ Severe ☐ Profound ☐ Hearing loss interferes with student’s learning

☐ Uses aided hearing ☐ Would benefit from amplification devices in an educational setting

Diagnosis:

Date of onset/diagnosis:

Disability-related educational barrier(s):

Recommended services/adaptive equipment and supporting rationale (attach an audiogram):

Section D – Learning Disability

Important Note: Students with Learning Disabilities must also submit a current Psycho-Educational/Learning Disability Assessment. The assessment report must be done by a registered/certified psychologist with expertise in diagnosing learning disabilities.

Partial reimbursement of the assessment cost may be considered for students whose assessment supports the diagnosis of a learning disability/disorder and the disability is verified by Manitoba Student Aid as being permanent.

Documentation

Qualifications of Assessor:

I am a Registered Psychologist or Certified School Psychologist with expertise in diagnosing learning disabilities

☐ Yes ☐ No

If yes, enter your Registration/Certification # _ _ _ _ _

Please note: Certified School Psychologists conducting Learning Disability assessments outside of their employment role/situation (example, private practice) will not be recognized as having met Manitoba Student Aid's criteria for qualified assessors.

Checklist

☐ Learning Disability assessment report is attached

☐ Report was **completed within the last five years.**

(In some cases, a current achievement assessment may be required for students in transition to post-secondary education, in order to accurately reflect current academic ability.)

☐ Report is complete, typed on official letterhead, includes the assessment date, the assessor's name, title, professional credentials, address, phone/fax number and is signed and dated.

Diagnostic Features

The Learning Disability diagnosis contains and reports on the following diagnostic features:

Checklist

☐ Diagnosis of the individual's achievement on individually administered, standardized tests in reading, mathematics, or written expression are *substantially below* (substantially below is defined as a discrepancy of more than two standard deviations between achievement and IQ, or a smaller discrepancy between achievement and IQ [i.e., between 1 and 2 standard deviations] in cases where an individual's performance may have been compromised by an associated disorder in cognitive processing, a co-morbid mental disorder or general medical condition, or the individual's ethnic or cultural background) that expected for age, schooling and level of intelligence.

☐ The learning disability significantly interferes with academic achievement or activities of daily living that require reading, mathematical or writing skills.

Learning Disability Diagnosis

Checklist

☐ The Learning Disability Assessment Report **clearly states** a diagnosis of a Learning Disability meeting Diagnostic & Statistical Manual (DSM-IV) diagnostic criteria which describes the level of severity, **and** the manner in which the disability significantly interferes with academic functioning (e.g. reading, memorizing, writing, note taking, test taking, etc.)

☐ The report contains recommendations for specific reasonable accommodations that are needed to address the current and substantial impact of the disability on the individual's academic functioning. Recommendations are supported by test scores and are included in the report.

Section E – Neurological Disability (to be completed by a Neurologist, Neuropsychologist, Psychiatrist or Physician)

Diagnosis:

DSM Code:

Date of onset/diagnosis:

Severity: ☐ Mild ☐ Moderate ☐ Severe

Medication and side effects, where applicable:

Disability-related educational barrier(s):

Recommended services/adaptive equipment and supporting rationale:

Section F–Physical Disability (to be completed by a Physician)

Diagnosis:

Date of onset/diagnosis:

Severity: ☐ Mild ☐ Moderate ☐ Severe

Medication and side effects, where applicable:

Disability-related educational barrier(s):

Recommended services/adaptive equipment and supporting rationale:

Section G– Psychiatric Disability (to be completed by a Clinical Psychologist, Psychiatrist or Physician)

Diagnosis:

DSM Code:

Date of onset/diagnosis:

Severity: ☐ Mild ☐ Moderate ☐ Severe

Medication and side effects, where applicable:

Disability-related educational barrier(s):

Recommended services/adaptive equipment and supporting rationale:

Section H – Visual Impairment (to be completed by an Ophthalmologist or Optometrist)

I certify this client to be visually impaired according to the following criteria. (Indicate appropriate description):

☐ A distance acuity of ____/____ in the better eye after correction

☐ A visual field of 20 degrees or less

☐ Near point vision for print reading of _____

Diagnosis:

Date of onset/diagnosis:

Severity: ☐ Mild ☐ Moderate ☐ Severe

Disability-related educational barrier(s):

Recommended services/adaptive equipment and supporting rationale:

Section I – THIS SECTION IS TO BE FULLY COMPLETED BY ALL CERTIFYING MEDICAL ASSESSORS

Does the student meet the requirements for Permanent Disability according to the definition listed on page 1 of this form? ☐ Yes ☐ No

Does the student require a reduced course load (40-59%) due to their disability? ☐ Yes ☐ No

Occupation of certifying Medical Assessor:

☐ Physician ☐ Audiologist ☐ Optometrist ☐ Ophthalmologist ☐ Psychologist ☐ Psychiatrist

☐ Neurologist ☐ Neuropsychologist ☐ Other (please specify) _____

Please print

Name of certifying Medical Assessor: _____

Mailing address: _____

City/Town: _____ Province: _____ Postal Code _____

Telephone: (____) _____

I certify that the information provided on this form is accurate and the student listed above experiences the disability-related educational barrier(s) indicated.

Signature (must be signed in ink)

Date signed

yyyy / mm / dd



APPLICATION FOR CANADA STUDENT GRANT FOR SERVICES AND EQUIPMENT FOR PERSONS WITH PERMANENT DISABILITIES

*To be completed by student and a
Counsellor/Caseworker at a centre for Students with Disabilities*

PERSONAL INFORMATION		File # «12»
Surname «1»	Given Name(s) «2»	Date of Birth (yyyy/mm/dd) 1984/01/01
Address		City
Province	Postal Code	Telephone No.
Name of Educational Institution UNIVERSITY OF WINNIPEG		Student Number 5874124
Study Period Dates September 1, 2009 to April 21, 2010		

COURSE LOAD

- ☐ Please check box if student requires a reduced course load of 40-59% (if this is the first time a request for reduced course load has been made, supporting **medical documentation** must accompany this form listing detailed explanations as to why the student is unable to take a minimum 60% course load)

NATURE OF DISABILITY

- | | |
|--|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Other (please specify) _____ |

DISABILITY RELATED EDUCATION COSTS

NOTE : Support is limited to the services and equipment requested on this application and is dependent on the nature of the disability(ies).

If I receive a grant for my disability-related education costs, I hereby agree to provide, by the end of my study period, receipts showing that funds were spent for their intended purposes.

Student's signature

Date

Deadline for submitting your application and all required information: No later than «15».

CONTINUED ON REVERSE

Canada Student Grant Costing Form

This documentation must be submitted no later than «15»

Student Name: TESTING, RURAL COMMUTING
Institution: UNIVERSITY OF WINNIPEG

File #: 06254
Student Number: 5874124

Services:	Amount Requested	<u>Office use only</u> Total
Tutor _____ # of hours/credits x \$ _____ per hr/credit	\$ _____	\$ _____
Proctor _____ # of hours/credits x \$ _____ per hr/credit	\$ _____	\$ _____
Note Taker _____ # of hours/credits x \$ _____ per hr/credit	\$ _____	\$ _____
Alternate Format _____ # of hours/credits x \$ _____ per hr/credit	\$ _____	\$ _____
Interpreter _____ # of hours/credits x \$ _____ per hr/credit	\$ _____	\$ _____
Other Services: _____	\$ _____	\$ _____
Disability Related Equipment:		
Hardware (specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Software (specify programs) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Specialized Equipment (specify) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other:		
Psycho-Educational/Learning Disability Assessment	\$ _____	\$ _____
<i>Note: Manitoba Student Aid covers 75% of the remaining cost not already covered by a 3rd party such as an insurance provider, up to a maximum of \$1200. Cost only covered when an assessment supporting the diagnosis of a learning disability/disorder, is conducted and signed by a qualified assessor, and disability is verified as permanent by Manitoba Student Aid.</i>		
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____

I, the undersigned, have met with the above-named student. We have discussed required services and equipment, and I concur that the amounts listed above represent needs and costs, to the best of my judgment.

Disability Counsellor's Name (please print)

Phone number

Disability Counsellor's signature

Date

