

OFFICE USE ONLY	
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DATE:	_____



Verification of Disability

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To apply for the Canada Student Grant for Students with Disabilities (CSG-D), please have a qualified medical assessor (see Section C for approved assessors) complete Sections A, B and C of this form.

Student Name: (Please Print) _____ **File #:** _____

School: _____

Study Period: _____ **Program of Study:** _____

DEADLINE: Mid-point of your study period: _____ .

Submit completed form by mail or email to:

Manitoba Student Aid
401 – 1181 Portage Ave
Winnipeg, MB R3G 0T3
ManitobaStudentAid@gov.mb.ca

NOTE:

- Forms submitted may take up to six (6) weeks to process.
- Forms submitted past the deadline may not be processed due to insufficient processing time.
- Funds cannot be released after the study period ends.

To qualify, a student must meet the definition of permanent disability, or persistent or prolonged disability, as defined by the Canada Student Financial Assistance Program (CSFAP):

Permanent disability means 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.

Persistent or prolonged disability means 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.

Sections A, B & C - TO BE COMPLETED BY QUALIFIED MEDICAL ASSESSOR

The following information must be provided by a medical assessor who is registered to practice.
See Section C for approved assessor types.

This form will be used to determine your patient's eligibility for post-secondary educational grants for students with disabilities. Eligibility for funding is based on the **functional limitation(s)** of the disability affecting their ability to fully participate in post-secondary education.

Please print clearly and fully answer **Sections A, B, and C**. If you require extra space, please attach a letter with the additional information.

NOTE:

- The patient is responsible for any fees incurred to complete this form but may be eligible for reimbursement through the Canada Student Grant for Services and Equipment – Students with Disabilities.
- Not all medical conditions are considered disabilities for the purpose of these grants.
- All questions are mandatory. Incomplete forms will be returned.

Section A – DISABILITY TYPE

Check the box(es) that describe the nature of your patient's disability. If more than one disability is present, please indicate the primary and secondary disabilities.

PRIMARY	SECONDARY	DISABILITY TYPE
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- | | | |
|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | ADD/ADHD |
| <input type="checkbox"/> | <input type="checkbox"/> | Cognitive |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning |

Note: Students with a learning disability must also submit a Learning Disability Assessment (i.e., psycho-educational assessment or summary report) completed by a registered psychologist **within the last five (5) years** or **completed when the student was 18 or older**.

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Physical/Mobility |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric |
| <input type="checkbox"/> | <input type="checkbox"/> | Visual |
| <input type="checkbox"/> | <input type="checkbox"/> | Other, please specify: _____ |

Section B – FUNCTIONAL LIMITATIONS

1) Is the disability permanent, or persistent or prolonged, as defined below? Select **one** option only.

- ☐ Permanent
- ☐ Persistent or prolonged
- ☐ N/A

Permanent disability means 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.

Persistent or prolonged disability means 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.

2) Does the disability result in a functional limitation that restricts the patient's ability to perform daily activities necessary to study at the post-secondary level? ☐ Yes ☐ No

3) Describe the functional limitations of the disability, including the duration, effects of the limitations, and recommended accommodations.

Section C – IDENTIFICATION AND SIGNATURE OF QUALIFIED MEDICAL ASSESSOR

The form may be completed by a physician, nurse practitioner, audiologist, optometrist, ophthalmologist, psychologist or psychiatrist registered to practice in the province or territory where the assessment is undertaken.

Occupation of Qualified Medical Assessor:

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other (please specify): _____ |

Name of Qualified Medical Assessor: (Please Print) _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: () _____

I certify that the information provided on this form is accurate and reflects the ability-related educational barrier(s) indicated. I understand that this information will be used to determine if this student is eligible for Canada Student Grants for Students with Disabilities.

Signature of Qualified Medical Assessor

Date (yyyy-mm-dd)

NOTE: Electronic signatures, official watermarks or stamps are acceptable.

All information provided to Manitoba Student Aid is subject to verification and audit.

Manitoba Student Aid
General Inquiry Line: 204-945-6321
Canada and the USA Toll-Free: 1-800-204-1685
In Person, Mail or Drop Off: 401-1181 Portage Ave, Winnipeg, Manitoba R3G 0T3
Email: ManitobaStudentAid@gov.mb.ca