

Verification of Disability Form

SECTION A – APPLICANT INFORMATION

First and Last Name: (print) _____ Manitoba Student Aid File #: _____

School: _____ Program of Study: _____

Study Period Start Date (YYYY-MM-DD): _____ End Date: _____

Deadline: 45 Days Before Your Study Period End Date (YYYY-MM-DD): _____

Note: If you have a learning disability, attach a psycho-educational assessment (or summary report) completed by a registered psychologist within the last five years (or when you were 18 or older) when you submit this form.

SECTION B - TO BE COMPLETED BY QUALIFIED MEDICAL ASSESSOR

- The following must be completed by a qualified, registered medical assessor (e.g., physician, nurse practitioner, audiologist, or psychologist) licensed to practice in the province or territory where the assessment is done.
- Please print clearly and answer all questions in full. If you require extra space, please attach a letter with the additional information.
- 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.

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.

Permanent Disability (PD): The disability is expected to remain with the person for the person's expected life.

Persistent or Prolonged Disability (PPD): The disability 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.

- 1) Does the applicant have a permanent or a persistent or prolonged disability, as defined above? Select the **one** that applies.
- ☐ Yes, a permanent disability
- ☐ Yes, a persistent or prolonged disability
- ☐ No (Note: if the applicant does not have a disability that meets the above definitions, the rest of this section does not need to be completed. Please move on to Section C.)
- 2) Identify the disability type (e.g., physical mobility, hearing, visual, ADHD, learning, communication, psychiatric) and the functional limitation(s) it creates in a post-secondary educational environment. Recommend accommodations if applicable. If more than one disability is present, please enter the primary disability **first**.

Disability Type	Functional Limitation(s)	Describe how the functional limitation(s) makes it difficult to participate in post-secondary education
<i>Example:</i> <i>Learning</i> <i>Visual</i>	<i>Inattention</i> <i>Inability to see</i>	<i>Easily distracted during classes/lectures</i> <i>Cannot see during classes/lectures</i>

First and Last Name: (print) _____ Manitoba Student Aid File #: _____

Disability Type	Functional Limitation(s)	Describe how the functional limitation(s) makes it difficult to participate in post-secondary education

SECTION C – IDENTIFICATION AND SIGNATURE OF QUALIFIED MEDICAL ASSESSOR

Occupation of Qualified Medical Assessor:

- ☐ Audiologist ☐ Nurse Practitioner ☐ Optometrist
☐ Physician ☐ Psychologist ☐ Other (please specify): _____

Name of Qualified Medical Assessor (print): _____

Specialty: _____ License or Registration Number: _____

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.

First and Last Name: (print) _____ Manitoba Student Aid File #: _____

Submit completed form by mail or email to:

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

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

If you have questions or require clarification, please contact Manitoba Student Aid: 204-945-6321
or toll-free (in Canada and the USA): 1-800-204-1685.



Verification of Disability Information Sheet for Students

(keep this page for your information)

You can use this form to verify that you have a **Permanent Disability (PD)** or a **Persistent or Prolonged Disability (PPD)**. Verified PD or PPD status is required to be eligible for additional disability-related supports while in school including the Canada Student Grants for students with disabilities, additional weeks of funding and a reduced course load. Your disability must meet one of the following definitions (from the Canada Student Financial Assistance Regulations):

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.

Permanent Disability (PD): The disability is expected to remain with the person for the person's expected life.

Persistent or Prolonged Disability (PPD): The disability 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.

In place of this form, alternative documentation providing the same required information will also be accepted. To avoid the possibility of being asked for more information, the document(s) should clearly:

1. Identify the type of disability, and the functional limitation(s) it creates.
2. Confirm the expected duration of disability (either permanent or lasting at least 12 months).
3. Confirm how the disability makes it difficult to perform the daily activities necessary for post-secondary education or to participate in the labour force.

Eligible documents include, but are not limited to:

- A medical form from your post-secondary institution, completed by a qualified medical assessor, that provides the same information as requested on the Verification of Disability form; or
- Medical documentation, signed by a qualified medical assessor who is licensed to practice in Canada (e.g. physician, nurse practitioner, audiologist, or psychologist); or
- Proof you receive federal or provincial permanent disability assistance; or
- A signed letter or report from a qualified medical assessor that provides the same information as requested on the Verification of Disability form.
- **For a learning disability, a psycho-educational assessment (or summary report) completed by a registered psychologist within the last five years (or when you were 18 or older) is required.**

You may be eligible to have fees reimbursed for medical documents used to verify your disability, up to \$3,500 per application year. You are required to pay for the assessment or documentation upfront and may be eligible for reimbursement once a disability is confirmed, providing that:

- Fees were paid no earlier than four months before the start of your study period for this application year, and
- You apply for the Canada Student Grant for Services and Equipment – Students with Disabilities.

Please note:

- The deadline to submit this form is **45 days before the end of your study period**.
- Funds cannot be disbursed after the last day of your study period.
- Processing may take six to eight weeks or longer during peak period.
- You may be asked for additional information or documents.
- Provide photocopies of any documents you submit. **Do not send original documents as they will not be returned.**
- Do not submit this form if you previously had a permanent disability verified by Manitoba Student Aid. Only submit this form if you are claiming an additional disability OR if you were previously verified for a persistent or prolonged disability and there was a gap in studies.