

Ministry of Training, Colleges and Universities Student Financial Assistance Branch

2014-2015 Disability Verification Form: Ontario Student Assistance Program (OSAP) & 30% Off Ontario Tuition Grant

Purpose of this Form

This form is used by the Ministry of Training, Colleges and Universities ("the ministry") to obtain information/documentation on the student's disability from the student's physician or other regulated health care practitioner. Disability documentation will be used for purposes of assessing the student's eligibility for disability-related funding available under OSAP and/or for consideration under the 30% Off Ontario Tuition grant disability-related eligibility criteria. The documentation is also required for consideration as a person with a disability under the minimum required student loan course load requirement.

Disability-related funding under OSAP includes: Ontario Bursary for Students with Disabilities, Canada Student Grant for Persons with Permanent Disabilities, and Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities. This form is not an application for any of the above named funding programs. It is only a form for providing supporting documentation for disability-related eligibility criteria.

To be eligible for disability-related Canada Student Grants the student must have a permanent disability, which is defined as a functional limitation:

- caused by a physical or mental impairment;
- that restricts the student's ability to perform the daily activities necessary to participate in studies at postsecondary level or the labour force; and
- that is expected to remain with you for your whole life.

Documentation is usually only required once by the ministry to confirm a student's disability. However, the ministry or the school the student is attending can ask for additional documentation at any time to confirm or re-establish disability status. The privacy of all disability documentation is protected by the ministry under the Freedom of Information and Protection of Privacy Act.

Who Should Use this Form?

Students attending a private postsecondary school in Ontario or any postsecondary school outside of Ontario:

Use this form if you do not have documentation from your physician or other regulated health care practitioner that clearly provides the following information:

- Diagnosis;
- Impact of disability(ies) on participation in postsecondary studies;
- Permanence of disability (temporary or permanent); and,
- Physician or health care practitioner's name and contact information

Students Attending a Publicly-Assisted College or University in Ontario:

It is not necessary to use this form if your school's Office for Students with Disabilities has provided you with a disability verification form that collects the same information as described above. Please speak to the staff at your school's Office for Students with Disabilities for more information.

Students Diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder (ADHD):

You may use this form, your school's disability verification form, or you can provide a psycho-educational assessment or other diagnostic documentation from a registered psychologist or psychological associate, a neuropsychologist, or physician with ADD/ADHD training.

Who Should Use this Form?

Persons diagnosed with a learning disability do not need to complete this form. Instead, a psycho-educational assessment conducted by a registered psychologist or psychological associate and completed when the student was at least 18 years of age or within the past five (5) years is required.

How to Complete this Form

The student must fill out Section 1 of this form (pages 3 and 4) and sign the Notice, Declarations and Consents. The student will then bring Section 2 of this form (pages 5, 6 and 7) to their physician or other regulated health care practitioner for completion.

Where to Send Your Completed Form

Students attending a private postsecondary school in Ontario or any postsecondary school outside of Ontario:

Submit sections 1 and 2 of this completed form to the ministry at:

Student Financial Assistance Branch Ministry of Training, Colleges and Universities 189 Red River Road, 4th Floor Thunder Bay, ON P7B 6G9

Students attending a publicly-assisted college or university in Ontario:

Submit sections 1 and 2 of this completed form directly to your school's Office for Students with Disabilities or Financial Aid Office. In all cases, the Office for Students with Disabilities will review the information provided on this form in order to verify information that is required for OSAP and 30% Off Ontario Tuition grant purposes and will communicate this information to the student's Financial Aid Office at their school.

Students are responsible for covering any costs related to the completion of this form.



Disability Verification Form: Ontario Student Assistance Program (OSAP) & 30% Off Ontario Tuition Grant

Section 1: Student Information (to be completed by the student) What is the name of the school you plan to attend? **Social Insurance Number:** Student number at your school: Ontario Education Number (OEN), if assigned to you: Last name: First name: Date of birth: Day Month Year **Mailing Address** Street number and name, rural route, or post office box: **Apartment:** Street number and name, rural route, or post office box: Province or state:

Postal code or zip code:

Area code and telephone number:

City, town, or post office:

Country:

Section 1 (cont'd): Notice, Declarations and Consent of Student

Notice of Collection and Use of Personal Information

The personal information you and your physician or other regulated health care practitioner provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related OSAP and 30% Off Ontario Tuition grant funding.

Your personal information will also be used by the ministry to administer and finance OSAP and the 30% Off Ontario Tuition grant and by Employment and Social Development Canada (ESDC) to administer and finance the Canada Student Loans Program (CSLP). Your SIN will be used as a general identifier in administering OSAP. The ministry and ESDC may use other parties for any of these activities. Under agreement with ESDC, the National Student Loans Service Centre (NSLSC) uses your personal information to administer OSAP and CSLP. Under agreement with the ministry, your postsecondary school and, where authorized by the ministry, its agents who administer OSAP and its auditors use your personal information to administer OSAP and CSLP.

Administration includes: determining your eligibility for financial assistance; verifying your application and supporting documentation, including verifying financial assistance provided under any other ministry program; verifying your financial assistance or eligibility for relief from any payment, maintaining and auditing your OSAP file; assessing and collecting loans, overpayments, and repayments; enforcing the legislation set out below and your agreements with the ministry, the Ontario Student Loan Trust and ESDC; and monitoring and auditing the NSLSC and your postsecondary school or its authorized agents to ensure that they are administering the programs appropriately. In addition, administration by the ministry and ESDC includes public reporting on the administration and financing of student assistance programs and accessibility to postsecondary education; planning, delivering, evaluating and monitoring for student assistance and accessibility programs for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting investigations or inspections; and conducting policy analysis, evaluation, and research. In this context, the ministry may use your name and contact information to contact you to participate in voluntary surveys relating to student financial assistance. Financing includes: planning, arranging or providing funding. The ministry may use other parties for any of these activities.

The ministry collects your personal information under the authority of the Ministry of Training, Colleges and Universities Act, R.R.O. 1990, O. Reg. 268/01 and O. Reg. 118/07; s.10.1 of the Financial Administration Act; the Canada Student Financial Assistance Act, S.C. 1994, c. 28, as amended; and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended and s. 266.3(4) of the Education Act. If you have any questions about the collection or use of this information contact the Director, Student Financial Assistance Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay ON P7B 6G9, (807) 343-7260.

Consent and Declarations:

- I agree that until my loans, overpayments, and repayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of OSAP, 30% Off Ontario Tuition grant, and CSLP with: ESDC; Canada Revenue Agency (CRA); NSLSC; my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP and 30% Off Ontario Tuition grant; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
- 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 and furthermore, that the ministry may restrict me from receiving disability-related OSAP funding in the future, and may take legal action and may require me to repay any disability-related OSAP funding that I received as a result of any false or misleading statement.
- I authorize the physician or other regulated health care practitioner who has completed Section 2 of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
- I authorize the ministry and my postsecondary school to contact the physician or other regulated health care practitioner if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care practitioner 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 practitioner, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.

Student's signature:	Date: Day Month Year	
Student's Social Insurance Number:		

Section 2: To be completed by a physician or other regulated health care practitioner

Purpose of this Form

Patient Information

This form will be used to determine your patient's eligibility for Ontario Student Assistance Program (OSAP) funding for students with disabilities and disability-related eligibility for the 30% Off Ontario Tuition grant funding. Eligibility for funding is based on the functional impact of the disability on the patient's ability to participate in a postsecondary educational environment and permanence of their disability.

Instructions for Completion

Section 2 is three pages in length. All three pages must be completed. Please provide clear diagnostic statements, avoiding such terms as "suggests" or "is indicative of". Please note any multiple diagnoses or concurrent conditions. Your patient has given consent in Section 1 of this form to the disclosure of this personal health information to the ministry and his or her postsecondary school. Once you have completed Section 2, please return all three pages to the student.

First name:	
Last name:	Date of Birth:
	Day Month Year
Physician or Health Care Practitioner Information	
First name:	
Last name:	•
Specialty (indicate all that apply)	
Audiologist Chiropractor Neurolog	ist Occupational Therapist Optometrist
Ophthalmologist Physician - family Physician	- Psychiatrist Physiotherapist
Psychologist or Psychological Associate Rheumat	ologist
Other (specify) :	
Licence #:	
10-Digit Work Telephone Number:	ext.
I certify that the information provided on this form is accurate ar educational barrier(s) indicated.	nd the patient identified above experiences the disability-related
Signature:	Date :
	Day Month Year

Note: If you don't have an office stamp, please sign and attach your letterhead to this form.

Please affix official stamp of facility name and address below:

Section 2: cont'd	Patient First Name:		Last Name:		
Type of Disability	(check all that apply)				
Physical Disability multiple sclerosis) Diagnosis:	//Mobility Impairment (e.g., p	paraplegia, quadriplegia, n	nuscular dystrophy, cere	bral palsy, spinal cord injur	y, spina bifida
Visual Impairmen Visual acuity: Diagnosis:	t	Visual f	ield:		
Hearing Impairme	ent				
Mild Does the patient of	aring loss in better ear: Moderate Severe use hearing aids? Yes equire amplification devices in	Congenital No n an educational setting	Profound g? Yes	No	
Speech Impairme Diagnosis:	nt				
Acquired Brain In	jury Provide da	ate of injury: Day	Month Yea	ar	
	omental Disorder (e.g., autism, e most recent DSM criteria):	, neurological disorder, As	perger's, FASD)		
Mental Health Di	sability e most recent DSM criteria):				
Psycho-education	Disorder (ADD) / Attention Do al assessment performed? copy of the assessment.	eficit Hyperactivity Disc			
Diagnosis:					

Section 2: control Patient First Name: Last Name: Last Name:
Permanence of Disability (please choose ONE of the following statements that best describes the patient)
The patient's disability (or disabilities) is temporary . Please indicate anticipated duration of disability:
The patient's disability (or disabilities) is permanent with ongoing (chronic or episodic) symptoms that will restrict his/her ability to perform the daily activities necessary to fully participate in postsecondary studies or in the labour force, and the disability is expected to remain for his/her lifetime.
Disability Impacts on Daily Functioning
Physical Impacts (check all that apply)
Ambulation Standing Sitting Stair Climbing Lifting/Carrying/Reaching
Grasping/Gripping/Dexterity
Please describe:
Cognitive and/or Behavioural Impacts (check all that apply)
Attention and Concentration Memory Information Processing (verbal and written)
Stress Management Organization and Time Management Social Interactions
Communication Other - Specify:
Please describe:
riedse describe.
Medication
Is the patient currently taking any prescription medications?
If yes, indicate any side effects (alertness, concentration, nausea) that may affect the patient's participation in an educational environment:
Recommended Supports (Optional - Check all that apply)
The patient is advised to take a reduced course load.
The patient requires specialized computer equipment and/or software and/or ergonomic furniture in order to participate in postsecondary education. Please specify:
The patient requires specialized services such as tutoring, note taking, counselling, and/or transportation in order to participate in postsecondary education. Please specify:

If you require more space, please attach additional information on your letterhead.