



StudentAidBC

# Technology and Services Support Program 2007/2008

- ➔ Canada study grant for the accommodation of students with permanent disabilities
- ➔ Assistive Technology British Columbia

Ministry Date Stamp

## Application form

This application form is for post-secondary students with permanent disabilities who are applying for specialized services and/or adaptive equipment through the Canada study grant for the accommodation of students with permanent disabilities and Assistive Technology British Columbia.

Qualifying students must successfully demonstrate that their disability related education barrier would prevent the student from completing their program of studies.

## Who is eligible?

To be eligible for a Canada study grant for the accommodation of students with permanent disabilities of up to \$8,000 per program year (Aug. 1 to July 31):

**1. You must submit current (three to five years) medical documentation that describes your permanent disability and clearly identifies the resulting educational barriers.** This can include any of the following:

- A medical report from a licensed medical assessor in the field relevant to your disability.
- A verification of permanent disability form.
- A current learning disability assessment.

**2. You must demonstrate at least \$1 of financial need.**

**If you are attending full-time studies** (for students with disabilities, 40 to 100 per cent), you must complete and be approved for a StudentAid BC loan.

Write your application number

2007 -

**If you are attending part-time studies** –(for students with disabilities, 20 to 59 per cent), you must complete and be approved through a part-time studies application.

➔ Did you remember to attach a photocopy of your approved part-time loan to this application?

Yes

**Note:** You are not required to cash loan documents. They may be returned.

**3. You must not be in default of a Canada student loan.** Students in federal default can contact:

Canada Student Loan Program Directorate Attn: Case Review Unit

Human Resources and Social Development Canada

PO Box 2090, Station D

Ottawa ON K1P 6C6

Phone: 1-888-815-4514 (public institution) or 1-866-587-7452 (private institution) and ask to be transferred to the case review unit.

Fax: 1-819-953-6057

TTY line for hearing impaired: 1-819-994-1218

Website: [www.hrsdc.gc.ca](http://www.hrsdc.gc.ca)

If the Canada student loans program directorate approves you for further funding, forward a copy of the clearance letter to :

Ministry of Advanced Education

StudentAid BC Special Programs Unit

PO Box 9173, Stn Prov Govt

Victoria BC V8W 9H7

Phone: 250 387-6100 (in Victoria), 604 660-2610 (in the B.C. Lower Mainland), or 1-800-561-1818 (toll-free in Canada/U.S.). TTY line for deaf or hearing impaired: 250-952-6832.

**4. You must not have outstanding receipts or unused Canada study grant for the accommodation of students with permanent disabilities funding.** All outstanding receipts and unused Canada study grant for the accommodation of students with permanent disabilities funds must be submitted, with your name and social insurance number clearly marked, to the address above.

## How do I apply?

Complete sections 1, 2 and 3 (if applicable) of this application form.

**Submit this application and ALL documentation listed below to your school's disability co-ordinator or financial aid officer, who will complete sections 4 and 5.**

- Current (three to five years) medical documentation that diagnoses your permanent disability and lists the impact it has on you in an educational setting.
- A copy of your registration for your current course(s) applicable to the Canada study grant for the accommodation of students with permanent disabilities program.
- Two different estimates, **from the service provider**, listing all their contact information, their qualifications for the services offered, an explanation of the services they will provide for you, for which course, the course dates, their hourly rate, how often per day/week.
- A copy of your approved part-time studies application or your StudentAid BC application number.

## Section 1 – Personal Information

### 01 Legal Last Name

### 03 Legal First Name

### Middle Initial(s)

### 05 Mailing Address

All mail will be sent to this address

### 07 City/Town

### 08 Province/State

### 10 Area Code

### Telephone Number

### 12 E-mail

### 02 Social Insurance Number

### 04 Name of School

### 06 School Campus

### 09 Postal Code/Zip Code

### 11 Date of Birth

Year

Month

Day

### 13 Personal Education Number (optional)

### 14 Are you in default of a Canada student loan?

- Yes** (If you are in default, you are not eligible for this program.)
- No**

If you are unsure of your status, refer to #3 on page 1 of this application.

### 15 Do you have a B.C. student loan or an approved part-time studies application?

- No** (not eligible until approved)
- Yes This is my** StudentAid BC Application #

2007 -

or

Did you attach a photocopy of your approved part-time loan to this application?

Yes

### 16 (a) Do you have a claim with either of the following? Yes No

- Automobile insurance claim (bodily injury claims only)
- WorkSafeBC

### (b) Describe the status of your claim:

- Active** – attach a letter stating why the agency above is not providing you with the requested services/equipment.

#### Contact Name

#### Area Code

#### Telephone Number

- Inactive - Closing Date**

Year

Month

Day

- In Appeals – Date as of**

Year

Month

Day

## Section 2 – Declaration

## Important Document – Read, Sign and Date

I am applying for financial assistance to access education.

### I. I understand that:

- 1) Answers that are not true, or that are misleading, may be considered fraud. Fraud is against the law in Canada.
- 2) It is my responsibility to make sure the information on this application is true and correct.
- 3) All information is subject to audit and verification.
- 4) If I do not provide complete, accurate information, I may not receive assistance through the Canada study grant for the accommodation of students with permanent disabilities program or Assistive Technology British Columbia in the future.
- 5) If I receive money, and it is then discovered that my application, or documents included with it, are not accurate, I may be required to repay immediately all or part of the funds I receive. I may be required to do this if the mistake was made by myself, my spouse or common law partner, parents, guardian, sponsor, school or StudentAid BC. I may also be required to repay any overpayment, due to a change in my status.
- 6) If I receive funding under the Canada study grant for the accommodation of students with permanent disabilities program, the funding received will be taxable income.
- 7) If I receive money for exceptional education-related costs, I will provide to the Ministry of Advanced Education, by the end of my study period, receipts showing that the funds were spent for their intended purpose, and I will return any unused funds.

### II. I understand that my signature below means:

- 1) I have answered all questions on the application that pertain to me.
- 2) I certify that all the information is complete and accurate.
- 3) I am a registered student and will be attending a designated post-secondary school eligible for Canada student loan assistance.
- 4) I need financial assistance to access education.
- 5) I will notify StudentAid BC and Assistive Technology British Columbia, in writing, of any changes in my address, academic status (e.g., course load, study period), financial status (part-time earnings, cash gifts, etc.), marital status, or the financial status of my spouse or common-law partner.
- 6) I give my school permission to exchange information with StudentAid BC, Assistive Technology British Columbia, the Ministry of Employment and Income Assistance/ employment program for persons with disabilities (or a contracted agent of the ministry), about my disability, access requirements, academic standing, awards, living arrangements and financial status.
- 7) I give permission to StudentAid BC, Assistive Technology British Columbia, Ministry of Employment and Income Assistance/employment program for persons with disabilities (or a contracted agent of the ministry) to contact my doctor, medical professional or psychologist if deemed necessary, to obtain information directly related to my disability.
- 8) All of my previous Canada student loans are in good standing.
- 9) I consent to the Ministry of Advanced Education (or a contracted agent by the ministry) to do the following as it relates to my disability and the specialized services and/or adaptive equipment I am requesting:
  - Exchange information about me with my school, societies and resource centres for persons with disabilities, the Ministry of Health (or a contracted agent), the Ministry of Employment and Income Assistance/employment program for persons with disabilities (or a contracted agent of that ministry), Human Resources and Social Development Canada and Assistive Technology British Columbia.
  - Get information about me from the Motor Vehicle Branch, B.C. Assessment Authority, Insurance Corp. of B.C., Registrar of Companies, Land Title and Survey Authority of B.C., Citizenship and Immigration Canada, WorkSafe BC and my school.

### COLLECTION AND USE OF PERSONAL INFORMATION

The information in this form and authorized below is collected under the authority of StudentAid BC. The information collected on this form will be used to determine eligibility for the Canada study grant for the accommodation of students with permanent disabilities. If you have any questions about the collection, use or disclosure of this information, contact the Administrator, Special Programs, StudentAid BC, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, telephone 250 387-6100, 604 660-2610 (in the B.C. Lower Mainland), or 1-800-561-1818 (toll-free in Canada/U.S.). TTY line for the deaf or hearing impaired: 250 952-8632.

	Print Legal Name	Date Signed		
		Year	Month	Day
		<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 3 – Waiver Important Document – Read, Sign and Date

(Complete waiver if you are requesting services or equipment)

If I am awarded a Canada study grant for the accommodation of students with permanent disabilities, I,

, authorize the Province of British Columbia agent  
 to cash the cheque(s) on my behalf.

- I am authorizing the school to hire a service worker (interpreter, tutor, notetaker etc.) on my behalf.  
 I am authorizing Assistive Technology British Columbia to buy equipment and/or software on my behalf.

	Print Legal Name	Date Signed		
		Year	Month	Day
		<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 4 To be completed by ministry-designated signing authority

Services	Equipment
Ministry of Advanced Education StudentAid BC, Special Programs Unit PO Box 9173, Stn Prov Govt Victoria BC V8W 9H7 Phone: 250 387-6100 (in Victoria), 604 660-2610 (in the B.C. Lower Mainland), or 1-800-561-1818 (toll-free in Canada/U.S.). TTY line for deaf or hearing impaired: 250 952-6832.	Assistive Technology British Columbia 108-1750 West 75 <sup>th</sup> Ave Vancouver BC V6P 6G2 Phone: 604 264-8295, fax 604 263-2267. TTY line for deaf or hearing impaired: 604 263-2267.

### 01 Nature of the student's permanent disability – check and provide documentation for all that apply

<input type="checkbox"/> Hearing disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Mental health disability
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Neurological disability
<input type="checkbox"/> Chronic medical condition – specify _____		
<input type="checkbox"/> Other – specify _____		

### 02 (a) Identify supports, strategies or modifications that have or will be made, by the school to accommodate the student's needs. (b) Check all services and/or equipment you support to reduce the impact of the disability to the student in an educational context. (Disability not curriculum related.)

School Support	Canada Study Grant	Assistive Technology Loan	Check all services and equipment required and supported
<input type="checkbox"/>	<input type="checkbox"/>		Notetaker/scribe
<input type="checkbox"/>	<input type="checkbox"/>		Reader (if not available through school)
<input type="checkbox"/>	<input type="checkbox"/>		Tutor (specialized tutor for disability-related educational access barriers only)
<input type="checkbox"/>	<input type="checkbox"/>		Interpreter/captioning (only if not available through school)
<input type="checkbox"/>			Taped lectures
<input type="checkbox"/>			Accommodated exams
<input type="checkbox"/>			Access to computer resources or adapted or alternate workstation or classroom
	<input type="checkbox"/>		Attendant care (while at school only)
	<input type="checkbox"/>		Specialized transportation to/from school only (must be ministry approved)
<input type="checkbox"/>	<input type="checkbox"/>		Alternate formats - e.g., large or Braille print, taped lectures (only if not available through school). LIST: _____
	<input type="checkbox"/>	<input type="checkbox"/>	Curriculum software – attach a statement by a program instructor confirming that software is required in and out of class assignments. LIST: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment support - e.g., computer, adaptive software. LIST: _____
			Does the student have the equipment or software they are currently requesting? <input type="checkbox"/> Yes – attach rationale why the student needs duplicate equipment/software <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>		Technical support - e.g., repair, upgrading LIST: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audiological – e.g., FM system, support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other – LIST: _____

## Section 5 Signing Authority– Read, Sign and Date

Disability co-ordinator/school official or designated ministry contracted agent: By signing below and based on the information provided by the student, I attest to the fact that this student requires all of the equipment and/or services listed above to reduce the barrier caused by the disability so the student can successfully complete current educational goals.

Area Code      Telephone Number      Local  
              

<b>Signature (in ink)</b> 	<b>Print Name</b> _____	<b>Date Signed</b> Year      Month      Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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