



Repayment Assistance Plan for Borrowers with Disabilities Verification of Disability

The information provided on this form will be used to verify that the applicant's medical condition meets the requirements for the Repayment Assistance Plan for Borrowers with Disabilities (RAP-D) under the Canada Student Financial Assistance Program (CSFA Program) and/or the Canada Apprentice Loan (CAL). The CSFA Program is responsible for assessing the eligibility of both student and apprentice loan borrowers for RAP-D. Please ensure that all pages of this form are completed and returned.

Part 1 - To be completed by the applicant (Please print clearly)

Name (Family Name, Given Name)

Social Insurance Number (SIN) **Please quote this number on all correspondence**

Address (No, Street or RR, Apt., City, Province, Postal Code)

Date of Birth (YYYY-MM-DD)

Telephone Number

To be eligible for RAP-D, you must have either a permanent disability, or a persistent or prolonged disability, as defined below.

“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, to participate in an apprenticeship program, 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, to participate in an apprenticeship program, 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.

I understand and acknowledge that the information provided in this application:

- is based on my records and my licensed medical practitioner's findings of my condition;
- may need to be verified again to ensure continued eligibility for future applications;
- is accurate and truthful as it is an offence to make a false or misleading statement in an application for RAP-D and administrative measures may be taken in respect of the student and/or apprentice loans if such statement is made; and
- may be shared along with the final outcome within the CSFA Program and its partners for the purpose of loan administration, policy analysis, and research and/or evaluation purposes.

I understand and acknowledge that any costs (e.g. doctors' fees) charged to complete this form are my responsibility.

I acknowledge that instead of having Part 2 of this form completed by my licensed medical practitioner, I could submit documentation proving receipt of federal or provincial disability assistance, with Part 1 of this form (completed and signed).

Information for Applicants with Ontario Student Loans

I understand and acknowledge that if I receive the RAP-D benefit and that I have one or more provincial student loan(s) from the province of Ontario, I will be restricted from receiving future student grants and loans from that province after five years have passed since my last confirmed period of study end date, and that this restriction will remain until my existing loans from that province have been paid off. This does not apply to Canada Student Loans and student loans from other provinces that offer RAP-D, and CAL.

I understand and acknowledge that this restriction criteria is different than restrictions for those in receipt of the Repayment Assistance Plan, and that I have the choice of applying for the Repayment Assistance Plan or for the Repayment Assistance Plan for Borrowers with Disabilities.

Signature of Applicant or Authorized Representative

Date (YYYY-MM-DD):

If you fail to sign and date this application, it will not be processed. Please ensure that all pages of this form are completed and returned, unless submitting another document verifying your disability/disabilities.

Authorized Representative: If the application is signed by someone who has the authority to act on behalf of the applicant, that person must provide proof of authorization (e.g. Power of Attorney, Trustee or Guardian Appointment).

Please keep all receipts and proof of expenses related to your disability/disabilities; you may need to submit these at a later date.

Applicant's Name (Family Name, Given Name)	Applicant's Date of Birth (YYYY-MM-DD)
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Part 2 - To be completed by the Licensed Medical Practitioner (Please print clearly)

The CSFA Program requests your assistance in obtaining information about the above-named person's disability/disabilities. This information will be used as one of the criteria to determine their eligibility for RAP-D. Please complete the following questionnaire and return it to the applicant or mail the completed form directly to our office at the following address:

Canada Student Financial Assistance Program
PO Box 2090, Station D
Ottawa ON K1P 6C6

Important Information for the Licensed Medical Practitioner

This form must be completed by an appropriate medical professional, such as a physician, nurse practitioner, audiologist, optometrist, or psychologist registered to practice in the jurisdiction where the assessment is undertaken.

As they apply to the applicant identified above, please answer the following questions. Please ensure the information represents the applicant's disability/disabilities and lists educational, apprenticeship, or labour force barriers.

1. What is the nature of the applicant's disability/disabilities? (Check all options that apply)

- Physical
 Neurological
 Cognitive
 Communication
 Mental
 Intellectual
 Learning
 Sensory
 Other: _____

Date of the Onset (YYYY-MM-DD): _____

Please provide any additional comments:

2. Please indicate the length of time the disability/disabilities is/are expected to remain.

- Less than 12 months
 12 months or more
 For the remainder of their expected life

Please provide any additional comments:

3. Does the applicant's disability/disabilities result in any functional limitation(s) or impairment(s) that restrict(s) the ability of the applicant to perform the daily activities necessary to participate in studies at a post-secondary level, technical training as part of an apprenticeship program, or the labour force?

- No Yes

If yes, please select any functional limitation(s) or impairment(s) that affect the applicant:

- Mobility/motor skills (sit, stand, walk, lift/carry, push/pull, reach, grasp, dexterity, etc.)
 Sensory/Communications (vision, hearing, speech, depth perception, environmental sensitivity)
 Work tolerance (strength, stamina, endurance, required time away from work due to medical reasons, etc.)
 Cognitive/Perceptual (executive function, learning, concentration, hallucination, etc.)
 Mental (interpersonal skills, organizational skills, stress tolerance, mood disturbance, motivation etc.)
 Other (please specify): _____

4. In your professional medical opinion, how long have the functional limitation(s) or impairment(s) described in question 3 persisted, or are expected to persist?

Less than 12 months

12 months or more

For the remainder of their expected life

Please provide any additional comments:

Questions 5 and 6 may help us determine the applicant’s eligibility and are optional.

5. Please list any device(s) recommended for, or currently being used by, the applicant.

6. Please list any medication(s) prescribed to the applicant and response(s), including side effects.

I certify that I am a legally qualified licensed medical practitioner in this jurisdiction and that this report includes my findings and opinion.

I certify that the information I provided in this application is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement.

Please print. Use a stamp where indicated.

Licensed medical practitioner's full name

Provincial/Territorial license number

Address (please use stamp)

Type of practice

- General practitioner
- Nurse practitioner
- Specialist (please state the area of specialty)

Signature

Date (YYYY-MM-DD)

Telephone number

Contact information

If you have any questions, please contact our office via the National Student Loans Service Centre toll free at 1-888-815-4514 or by writing to us at the address indicated on page 2.

Privacy Notice Statement

The information you provide is collected under the authority of the *Canada Student Financial Administration Act* (CSFAA) and *Regulations*, the *Canada Student Loans Act* (CSLA) and *Regulations*, and the *Apprentice Loan Act* (ALA) and *Regulations* for the administration of the Canada Student Financial Assistance Program (CSFA Program) and/or the Canada Apprentice Loan (CAL). The Social Insurance Number (SIN) is collected under the authority of the CSFAA, the *Canada Student Financial Assistance Regulations* (CSFAR), the *Canada Student Loan Regulations* (CSLR), and the *Apprentice Loan Regulations* (ALR), and in accordance with the Treasury Board Secretariat *Directive on the Social Insurance Number* which lists the CSFAA, the CSFAR, the CSLR, and the ALR as authorized users of the SIN. The SIN will be used as a file identifier and, along with the other information you provide, will also be used to validate your application and to administer and enforce the CSFA Program and CAL.

Participation in the Repayment Assistance Plan (RAP) is voluntary. Refusal to provide personal information will result in your disability not being verified to determine whether you are eligible for RAP for Borrowers with Disabilities (RAP-D). Your applications for RAP will continue to be assessed for RAP Stage 1 or 2, but not for RAP-D.

The information you provide may be shared with the federal government, the provincial/territorial government(s), the National Student Loans Service Centre, the Canada Apprentice Loan Service Centre, financial institutions, consumer credit grantor(s), credit bureau(s), credit reporting agency(ies), any person or business with whom you have or may have had financial dealings, and your Financial

Institution(s) to directly or indirectly collect, retain, use, and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the Federal Act(s) and Regulation(s) and/or the applicable Provincial Act(s) and Regulation(s) relating to student and/or apprentice financial assistance, including for administration, enforcement, debt collection, audit, verification, research, and evaluation purposes. The information you provide may be disclosed to Statistics Canada for statistical and research purposes.

Your personal information is administered in accordance with the CSFAA and CSFAR, the CSLA and CSLR, the ALA and ALR, the *Department of Employment and Social Development Act*, the *Privacy Act*, and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks ESDC PPU 030 and/or ESDC PPU 709.

Instructions for obtaining this information are outlined in the government publication entitled, [Info Source](http://www.canada.ca/infosource-ESDC) (www.canada.ca/infosource-ESDC).

Info Source may also be accessed on-line at any Service Canada Centre. You have the right to file a complaint with the [Privacy Commissioner of Canada](https://www.priv.gc.ca/faqs/index_e.asp#q005) (https://www.priv.gc.ca/faqs/index_e.asp#q005) regarding the institution's handling of your personal information.