

# Appendix 8



REQUEST FOR PERMANENT DISABILITY PROGRAMS



StudentAidBC

## SECTION 1: ALL STUDENTS MUST COMPLETE THIS SECTION

Student Last Name

Student First Name

Initial

Mailing Address

Apt/box/suite number

City/Town

Province/State

Postal Code/Zip Code

Area Code

Telephone Number

Email Address

Date Classes Start

Year Month Day  
 -  -

Date Classes End

Year Month Day  
 to  -  -

**SOCIAL INSURANCE NUMBER**

 -  - 

StudentAid BC Application Number

 - 

Student Number

Personal Education Number (if known)

Date of Birth

Year Month Day  
 -  -

Gender

Male

Female

Citizenship Status (Mark one box only)

Canadian Citizen

Protected Person

Permanent Resident

Name of School

Campus

### REQUIREMENTS

**YOUR PERMANENT DISABILITY STATUS MUST BE APPROVED BY STUDENTAID BC AT LEAST 6 WEEKS BEFORE THE STUDY PERIOD END DATE.**

### MINISTRY USE ONLY

## SECTION 2: DECLARATION – IMPORTANT DOCUMENT; YOU MUST READ, SIGN AND DATE

I am applying for assistance under any one or more of the permanent disability programs outlined in this appendix.

I UNDERSTAND THAT THIS APPENDIX FORMS PART OF MY APPLICATION FOR STUDENT FINANCIAL ASSISTANCE AND AS SUCH INCLUDES ALL TERMS AND CONDITIONS AS STATED IN THE FULL TIME OR PART TIME STUDENTAID BC APPLICATION DECLARATIONS.

In addition to the terms and conditions stated in the Full Time or Part Time StudentAid BC Application Declarations, I also understand that;

- 1) If I receive money to pay for educational related specialized services through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE) while at a public or private post-secondary institution, or the Assistance Program for Students with Disabilities (APSD) program while at a private post-secondary institution, I will provide to StudentAid BC, at the end of my study period, receipts showing that the funds were spent for their intended purpose, and will repay any unused funds to the British Columbia Minister of Finance.
- 2) If I am attending a post-secondary institution in B.C., I will only request funds from the APSD program after I have exhausted all funds available through the CSG-PDSE.
- 3) I give permission to my physician or medical professional to disclose information directly related to my disability to the Ministry of Advanced Education, Skills and Training or Assistive Technology British Columbia (The Board of Education of School District No. 39 (Vancouver) also known as Vancouver School Board) for the purposes of verifying or investigating information pertaining to this application, and related documents, determining my eligibility for permanent disability funding.
- 4) I give permission to my school to disclose information to the Ministry of Advanced Education, Skills and Training or Assistive Technology British Columbia regarding my disability, access requirements, academic standing, awards, living arrangements and financial status for the purposes of verifying or investigating information pertaining to this application and related documents, determining my eligibility for permanent disability funding or determining whether I will be required to repay any funding I may receive.
- 5) If I am awarded a CSG-PDSE and/or a grant under the APSD, I authorize the institution I am attending or Assistive Technology British Columbia to cash the grant cheque(s) on my behalf and apply the funds to retain a service worker and/or buy equipment and/or software on my behalf and/or apply the grant to the Learning Disability Assessment Bursary fund.

Signature of Applicant

Name

Date Signed (Year/Month/Day)

Collection and use of information. The information included in this form and authorized above is collected under Sections 26c and 26e of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.