



## DISABILITY TAX CREDIT CERTIFICATE

**NOTE:** In this form, the text inserted between square brackets represents the regular print information.

This form is separated into two sections: the introduction and the form itself. The introduction includes the following:

- general information about the disability amount;
- a questionnaire to help you determine if you may be eligible for the disability amount;
- definitions;
- tax office addresses;
- how to make adjustment requests for previous years; and
- what to do if you disagree with our decision about your eligibility.

The form itself includes an application section (Part A), and a certification section (Part B). Both sections of the form must be completed.

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## **Who uses this form – and why?**

**Individuals** who have a severe and prolonged impairment in physical or mental functions (see "Definitions" on page 9 [the next page] ), or their representative, use Form T2201 to apply for the disability amount by completing Part A of the form.

**Qualified practitioners** use Form T2201 to certify the effects of the impairment by completing Part B of the form.

The disability amount is a non-refundable tax credit used to reduce income tax payable on your tax return. This amount includes a supplement for persons under 18 years of age at the end of the year. All or part of this amount may be transferred to your spouse or common-law partner, or another supporting person. For more information, go to **[www.cra.gc.ca/disability](http://www.cra.gc.ca/disability)** or get Guide RC4064, "Medical and Disability-Related Information".

If a child under 18 years of age is eligible for the disability amount, that child is also eligible for the **Child Disability Benefit**, an amount available under the Canada Child Tax Benefit. For more information, go to **[www.cra.gc.ca/benefits](http://www.cra.gc.ca/benefits)** or get Pamphlet T4114, "Canada Child Benefits".

If you qualify for the disability amount and you have working income, you may be eligible for the **Working Income Tax Benefit** disability supplement. For more information, go to [www.cra.gc.ca/witb](http://www.cra.gc.ca/witb) or get Pamphlet RC4227, "Working Income Tax Benefit".

## **Are you eligible?**

You are eligible for the disability amount only if a qualified practitioner certifies, on this form, that you have a severe and prolonged impairment and certifies its effects, and we approve the form. To find out if you **may** be eligible for the disability amount, use the self-assessment questionnaire on page 6 [the next page].

If you receive Canada Pension Plan or Quebec Pension Plan disability benefits, workers' compensation benefits, or other types of disability or insurance benefits, **it does not necessarily mean you are eligible for the disability amount.** These programs have other purposes and different criteria, such as an individual's inability to work.

The Canada Revenue Agency must validate this certificate for you to be eligible for the disability amount. If we have already told you that you are

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eligible, do not send another form unless we ask for one, such as when a previous period of approval has ended. **However, you must tell us if your condition improves.**

**You can send the form to us at any time during the year.** By sending us your form before you file your tax return, you may prevent a delay in your assessment. We will review your application before we assess your return. Keep a copy of the completed form for your records.

**Fees** – You are responsible for any fees that the qualified practitioner charges to complete this form or to give us more information. However, you may be able to claim these fees as medical expenses on line 330 of your tax return.

## **Do you need information or forms?**

For enquiries, visit our Web site at **[www.cra.gc.ca](http://www.cra.gc.ca)** or call **1-800-959-8281**. If you need forms or publications, go to **[www.cra.gc.ca/forms](http://www.cra.gc.ca/forms)** or call **1-800-959-2221**.

**Internet access** – For information, easy access to our forms and publications, links to our government partners, and information about services for persons with disabilities, go to **[www.cra.gc.ca/disability](http://www.cra.gc.ca/disability)**.

**Do you use a teletypewriter (TTY) operator-assisted relay service?** – If you use a TTY, an agent at our bilingual enquiry service **(1-800-665-0354)** can help you. Agents are available Monday to Friday (except holidays) from 8:15 a.m. to 5:00 p.m. From February 22 to April 30, these hours are extended to 9:00 p.m. on weekdays, and from 9:00 a.m. to 5:00 p.m. on Saturdays (except Easter weekend).

We need your written permission to discuss your information with the TTY relay operator when you contact us through our regular telephone enquiry lines. We need a letter from you giving us your name, address and social insurance number, the name of the telephone company you will use, your signature, and the date you signed the letter.

If you have a visual impairment, you can get our publications in braille, large print, etext (CD or diskette), or MP3 by going to **[www.cra.gc.ca/alternate](http://www.cra.gc.ca/alternate)** or by calling **1-800-959-2221**. You can also get your personalized correspondence in these formats by calling **1-800-959-8281**.

## Self-assessment questionnaire

This questionnaire does not replace the form itself. It is provided to help you assess whether you may be eligible for the disability amount. **Do not attach this questionnaire to the Form T2201 you send us.**

### Note

If your answers indicate you **are not eligible** for the disability amount, and you still feel that you should be able to claim it, see page 15 [1] of the form for instructions on how to apply.

1. Has your impairment in physical or mental functions lasted, or is it expected to last, for a continuous period of at least 12 months?

Yes  No

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If you answered **yes**, answer Questions 2 to 5 on page 7 [below].

If you answered **no**, you **are not eligible** for the disability amount. For you to claim the disability amount, the impairment has to be **prolonged** (defined on page 11 [the next page] ).

**2. Are you blind?** Yes  No

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**3. Do you receive life-sustaining therapy**  
(defined on page 9 [below] )? Yes  No

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**4. Do the effects of your impairment cause you to be**  
**markedly restricted** (defined on page 10 [the next  
page] ) in one of the following basic activities of  
daily living? Yes  No

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- speaking ● hearing ● walking
- feeding ● dressing ● elimination (bowel or bladder functions)
- mental functions necessary for everyday life

**5. Do you meet all the following conditions?** Yes  No

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- Because of the impairment, you are **significantly restricted**  
(defined on page 11 [the next page] ) in two or more of the basic  
activities of daily living listed in question 4, or you are **significantly**  
**restricted** in vision and at least one of the basic activities of daily  
living listed in question 4, even with appropriate therapy,  
medication, and devices.

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- These significant restrictions exist together, all or substantially all the time
- The cumulative effect of these significant restrictions is equivalent to being **markedly restricted** (defined on page 10 [the next page] ) in a **single** basic activity of daily living.

### **Are you eligible for the disability amount?**

If you answered **yes** to Question 1 and to any one of Questions 2 to 5, you **may be eligible** for the disability amount. To apply for the disability amount, complete Part A of the form. Then, take the form to a qualified practitioner who can certify the effects of the impairment for you. If the qualified practitioner certifies the form, send it to us for approval. We will review the form and advise you in writing if you are eligible for the disability amount.

If you answered **no** to all of Questions 2 to 5, you **are not eligible** for the disability amount. For you to be eligible for the disability amount, you have to answer **yes** to at least one of these questions. Even if you cannot claim the disability amount, you may have expenses you can claim on your income tax return. For more information, get Guide RC4064, "Medical and Disability-Related Information".

## Definitions

**Life-sustaining therapy** – Life-sustaining therapy must meet the following conditions:

- You receive the therapy to support a vital function, even if it alleviates the symptoms. Examples of this therapy are chest physiotherapy to facilitate breathing and kidney dialysis to filter blood. However, implanted devices such as a pacemaker, or special programs of diet, exercise, or hygiene **do not** qualify.
- You have to dedicate time for this therapy – at least **3 times a week**, for an average of at least **14 hours a week** (do not include time needed to recuperate after therapy, for travel, medical appointments, or shopping for medication). Time dedicated to therapy means that you must be required to take time away from normal, everyday activities in order to receive the therapy. The time it takes for a portable or implanted device to deliver therapy is not considered to be time dedicated to therapy.

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## Note

For 2005 and later years, where the life-sustaining therapy requires a regular dosage of medication that needs to be adjusted on a daily basis:

- the activities directly related to determining the dosage are considered part of the therapy, except for those activities related to exercise or following a dietary regime, such as carbohydrate calculation; and
- the time spent by primary caregivers performing and supervising the activities related to the therapy of a child because of his or her age is considered to be time dedicated to this therapy.

**Markedly restricted** – You are markedly restricted if, **all or substantially all the time**, you are unable (or it takes you an inordinate amount of time) to perform one or more of the basic activities of daily living (see list in Question 4 on page 7 [previous page] ), even with therapy (other than life-sustaining therapy to support a vital function) and the use of appropriate devices and medication.

**Prolonged** – An impairment is prolonged if it has lasted, or is expected to last, for a continuous period of at least 12 months.

**Qualified practitioner** – Qualified practitioners are medical doctors, optometrists, audiologists, occupational therapists, physiotherapists, psychologists, and speech-language pathologists. The table on page 22 [2] of the form lists which sections of the form each can certify.

**Significantly restricted** – means that although you do not **quite** meet the criteria for markedly restricted, your ability to perform a basic activity of daily living is still substantially restricted.

### **Where to send the completed form**

Send the certified form to the **Disability Tax Credit Unit** of your Tax Centre. See addresses on page 12 [below].

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<p>St. John's Tax Centre  PO Box 12072 STN A  St. John's NL A1B 3Z2</p>	<p>Shawinigan-Sud Tax Centre  PO Box 4000 STN Main  Shawinigan QC G9N 7V9</p>
<p>Sudbury Tax Centre  1050 Notre Dame Ave  Sudbury ON P3A 5C1</p>	<p>Surrey Tax Centre  9755, King George Highway  Surrey BC V3T 5E6</p>
<p>Summerside Tax Centre  275 Pope Road  Summerside PE C1N 6A2</p>	<p>Jonquière Tax Centre  2251 René-Lévesque Blvd  Jonquière QC G7S 5J2</p>
<p>Winnipeg Tax Centre  PO Box 14006 STN Main  Winnipeg MB R3C 0E5</p>	

If you are a **deemed resident**, a **non-resident**, or a **new or returning resident** of Canada, send the certified form to:

International Tax Services Office  
102A-2204 Walkley Rd  
Ottawa ON K1A 1A8

## **Adjustment requests**

If you want us to reassess a tax year to allow a claim for the disability amount, include Form T1ADJ, "T1 Adjustment Request", or a letter containing the details of your request, with your completed Form T2201.

If a representative is acting on your behalf you must provide us with a signed letter or Form T1013, "Authorizing or Cancelling a Representative", authorizing the representative to make this request.

## **What if you disagree with our decision?**

If we do not approve your form, we will send you a letter to explain why your application was denied. Check your copy of the form against the reason given, since we base our decision on the information provided by the qualified practitioner.

If you have additional information from a qualified practitioner that we did not have in our first review of the form, send that information to the Disability Tax Credit Unit of your tax centre and we will review your file again.

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You also have the right to file a formal objection to appeal the decision. Objections, however, cannot be based on a letter from us. They must be based on a notice of assessment or notice of reassessment. We send you these notices after you file an income tax return or ask for a correction to an income tax return for the year in question.

There is a time limit for filing objections. You must file your objection by whichever of the following dates comes **later**:

- one year after the due date for the return in question; or
- 90 days after the date of the notice of assessment or notice of reassessment for that year.

**Note** – Asking your tax centre to review your file again (see page 13 [above] ) does not extend the time limit for filing an objection.

If you choose to file a formal objection, your file will be reviewed by the Appeals Branch. You should send either a completed Form T400A, "Objection – Income Tax Act", or a letter, to the attention of:

Chief of Appeals  
Sudbury Tax Services Office  
1050 Notre Dame Avenue  
Sudbury ON P3A 5C1

You may also file an objection electronically through our secure Web page at [www.cra.gc.ca/myaccount](http://www.cra.gc.ca/myaccount).

For more information, visit our Web site at [www.cra.gc.ca](http://www.cra.gc.ca) or get Pamphlet P148, "Resolving Your Dispute: Objections and Appeal Rights Under the Income Tax Act".

## DISABILITY TAX CREDIT CERTIFICATE

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### **Part A – To be completed by the person with the disability (or a representative)**

- Step 1:** Complete pages 15 to 19 [this page] (**please print**). Remember to sign, where applicable, on page 19 [at the bottom of this page].
- Step 2:** Take this form to a qualified practitioner (use the table on page 22 [the next page] to find out who can certify the sections that apply).
- Step 3:** Send the completed form to one of the offices listed in "**Where to send the completed form**" in the introduction of this form. **This form must be submitted in its entirety.**

When reviewing your application, we may contact you or a qualified practitioner (named on this certificate or any attached document) who knows about your impairment, if we need more information.

### Information about the person with the disability

First name and initial		
Last name		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Social insurance number 
<b>Mailing address:</b> Apt. No. – Street No. and Street name		P.O. Box, R.R.
City	Prov./Terr. 	Postal code 

Date of birth								
Year			Month			Day		

**Information about the person claiming the disability amount  
(if different from page 16 [above] )**

First name and initial	Last name						
Social insurance number							

The person with the disability is:

- my spouse or common-law partner
- other (specify) \_\_\_\_\_

If you are claiming this credit for the person with the disability, answer the following questions for **all** the years of your claim.

1. Does the person with the disability live with you? Yes  No

If **yes**, for what year(s)? \_\_\_\_\_

2. If you answered **no** to Question 1, does the person with the disability depend on you for one or more of the basic necessities of life such as food, shelter, or clothing? \_\_\_\_\_ Yes  No

If **yes**, for what year(s)? \_\_\_\_\_

Give details about the support you provide for the person with the disability (if you need more space, attach a separate sheet of paper):

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I certify that the information given on this form is correct and complete.

<b>Sign here</b>										
Area code	Telephone number					Year			Month	Day
	-									

**Authorization**

As the person with the disability or their representative, I authorize the qualified practitioner(s) having relevant clinical records to provide or discuss the information contained in those records on or with this certificate to the Canada Revenue Agency for the purpose of determining eligibility for the disability amount or other related programs.

<b>Sign here</b>										
Area code	Telephone number					Year			Month	Day
	-									

## **Part B – To be completed by the qualified practitioner**

Before completing this form, read the information and the instructions below.

Your patient must have an impairment in physical or mental functions which is both severe and prolonged. You must assess the following two criteria of your patient's impairment **separately**:

- **Duration** of the impairment – The impairment must be prolonged (it must have lasted, or be expected to last, for a continuous period of at least 12 months).
- **Effects** of the impairment – The effects of your patient's impairment must be those which, even with therapy and the use of appropriate devices and medication, cause your patient to be restricted all or substantially all of the time. The effects of your patient's impairment must fall into one of the following categories:
  - Vision
  - Markedly restricted in a basic activity of daily living
  - Life-sustaining therapy

- The cumulative effect of **significant restrictions** (for patients who are significantly restricted in two or more of the basic activities of daily living, including vision, but do not quite meet the criteria for **markedly restricted**)

**Step 1:** Complete **only** the sections on pages 26 to 53 [3 to 8] that apply to your patient. Refer to the table on pages 22 to 24 [below] to find out which page(s) to complete and to determine which sections you can certify.

**Note**

Whether completing this form for a child or an adult, assess your patient relative to someone of a similar chronological age who does not have the marked restriction.

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<b>Section:</b>	<b>Go to:</b>	<b>To certify the applicable section, you have to be a:</b>
<b>Vision</b>	Page 26 [3]	Medical doctor or optometrist

**Markedly restricted in a basic activity daily living**

● Speaking	Page 27 [3]	Medical doctor or speech-language pathologist
● Hearing	Page 29 [3]	Medical doctor or audiologist
● Walking	Page 31 [4]	Medical doctor, occupational therapist, or physiotherapist (physiotherapist can certify only for 2005 and later years)

Section:	Go to:	To certify the applicable section, you have to be a:
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**Markedly restricted in a basic activity daily living**

● Elimination (bowel or bladder functions)	Page 33 [4]	Medical doctor
● Feeding	Page 35 [5]	Medical doctor or occupational therapist
● Dressing	Page 37 [5]	Medical doctor or occupational therapist
● Performing the mental functions necessary for everyday life	Page 39 [6]	Medical doctor or psychologist

continue on next page →

<b>Section:</b>	<b>Go to:</b>	<b>To certify the applicable section, you have to be a:</b>
<b>Life-sustaining therapy</b> to support a vital function	Page 42 [7]	Medical doctor
<b>Cumulative effects of significant restrictions</b> (see definition on page 25 [below] ) in two or more basic activities of daily living, including vision (applies to 2005 and later years)	Page 46 [8]	Medical doctor or occupational therapist (occupational therapist can only certify for walking, feeding and dressing)

**Step 2:** Complete the "**Effects of impairment,**" "**Duration,**" and "**Certification**" sections on pages 50 to 54 [page 9].

## **Definitions**

**Markedly restricted** – means that all or substantially all the time, and even with therapy (other than life-sustaining therapy) and the use of devices and medication, either:

- your patient is unable to perform at least one of the basic activities of daily living (see pages 22 to 24 [above] ); or
- it takes your patient an inordinate amount of time to perform at least one of the basic activities of daily living.

**Significantly restricted** – means that although your patient does not **quite** meet the criteria for markedly restricted, his or her ability to perform the basic activity of daily living (see pages 22 to 24 [above] ) or his or her vision is still substantially restricted.

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## Vision

Not applicable

Your patient is considered **blind** if, even with the use of corrective lenses or medication:

- visual acuity in **both** eyes is 20/200 (6/60) or less with the Snellen Chart (or an equivalent); or
- the greatest diameter of the field of vision in **both** eyes is 20 degrees or less.

Is your patient **blind**, as described above? \_\_\_\_\_ Yes  No

If **yes**, in what year did your patient's blindness begin (this is not necessarily the same as the year in which the diagnosis was made, as with progressive diseases)? \_\_\_\_\_

Year		

What is your patient's visual acuity **after correction**? \_\_\_\_\_ Right eye \_\_\_\_\_ Left eye

What is your patient's visual field **after correction** (in degrees if possible)? \_\_\_\_\_

**Complete all sections on pages 50 to 54 [page 9].**

## Speaking

Not applicable

Your patient is considered **markedly restricted** in speaking if, all or substantially all the time, he or she:

- is **unable** to speak so as to be understood by another person familiar with the patient, in a quiet setting, even with appropriate therapy, medication, and devices; or
- takes an **inordinate amount of time** to speak so as to be understood by a person familiar with the patient, in a quiet setting, even with appropriate therapy, medication, and devices.

### Notes

- Devices for speaking include tracheoesophageal prostheses, vocal amplification devices, and other such devices.
- An **inordinate amount of time** means that speaking so as to be understood takes **significantly** longer than for an average person who does not have the impairment.

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## Examples of markedly restricted in speaking

(examples are not exhaustive):

- Your patient must rely on other means of communication, such as sign language or a symbol board, all or substantially all the time.
- In your office, you must ask your patient to repeat words and sentences several times, and it takes a significant amount of time for your patient to make himself or herself understood.

Is your patient **markedly restricted** in speaking,  
as described on page 27 and above?

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Yes  No

If **yes**, when did your patient's marked restriction in  
speaking begin (this is not necessarily the same as the  
date of the diagnosis, as with progressive diseases)?

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Year		

**Complete all sections on pages 50 to 54 [page 9].**

## Hearing

Not applicable

Your patient is considered **markedly restricted** in hearing if, all or substantially all the time, he or she:

- is **unable** to hear so as to understand another person familiar with the patient, in a quiet setting, even with the use of appropriate devices; or
- takes an **inordinate amount of time** to hear so as to understand another person familiar with the patient, in a quiet setting, even with the use of appropriate devices.

### Notes

- Devices for hearing include hearing aids, cochlear implants, and other such devices.
- An **inordinate amount of time** means that hearing so as to understand takes **significantly** longer than for an average person who does not have the impairment.

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## Examples of markedly restricted in hearing

(examples are not exhaustive):

- Your patient must rely completely on lip reading or sign language, despite using a hearing aid, in order to understand a spoken conversation, all or substantially all the time.
- In your office, you must raise your voice and repeat words and sentences several times, and it takes a significant amount of time for your patient to understand you, despite the use of a hearing aid.

**Is your patient markedly restricted** in hearing,  
as described on page 29 and above?

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Yes  No

If **yes**, when did your patient's marked restriction in hearing begin (this is not necessarily the same as the date of the diagnosis, as with progressive diseases)?

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Year		

**Complete all sections on pages 50 to 54 [page 9].**

## Walking

Not applicable

Your patient is considered **markedly restricted** in walking if, all or substantially all the time, he or she:

- is **unable** to walk even with appropriate therapy, medication, and devices; or
- requires an **inordinate amount of time** to walk, even with appropriate therapy, medication, and devices.

### Notes

- Devices for walking include canes, walkers, and other such devices.
- An **inordinate amount of time** means that walking takes **significantly** longer than for an average person who does not have the impairment.

### Examples of markedly restricted in walking

(examples are not exhaustive):

- Your patient must always rely on a wheelchair, even for short distances outside of the home.

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- Your patient can walk 100 metres (or approximately one city block), but only by taking a significant amount of time, stopping because of shortness of breath or because of pain, all or substantially all the time.
- Your patient experiences severe episodes of fatigue, ataxia, lack of coordination, and problems with balance. These episodes cause the patient to be incapacitated for several days at a time, in that he or she becomes unable to walk more than a few steps. Between episodes, your patient continues to experience the above symptoms, but to a lesser degree. Nevertheless, these less severe symptoms put your patient at significant risk of injury due to loss of balance, lack of coordination, or falling, and cause him or her to require an inordinate amount of time to walk, all or substantially all the time.

Is your patient **markedly restricted** in walking, as described on page 31 and above?

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Yes  No

If **yes**, when did your patient's marked restriction in walking begin (this is not necessarily the same as the date of the diagnosis, as with progressive diseases)?

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Year		

**Complete all sections on pages 50 to 54 [page 9].**

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## Elimination (bowel or bladder functions)

Not applicable

Your patient is considered **markedly restricted** in elimination if, all or substantially all the time, he or she:

- is **unable** to personally manage bowel or bladder functions, even with appropriate therapy, medication, and devices; or
- requires an **inordinate amount of time** to personally manage bowel or bladder functions, even with appropriate therapy, medication, and devices.

### Notes

- Devices for elimination include catheters, ostomy appliances, and other such devices.
- An **inordinate amount of time** means that personally managing elimination takes **significantly** longer than for an average person who does not have the impairment.

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## Examples of markedly restricted in elimination

(examples are not exhaustive):

- Your patient needs the assistance of another person to empty and tend to his or her ostomy appliance on a daily basis.
- Your patient is incontinent of bladder functions, all or substantially all the time, and requires an inordinate amount of time to manage and tend to his or her incontinence pads on a daily basis.

Is your patient **markedly restricted** in elimination,  
as described on page 33 and above?

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Yes  No

If **yes**, when did your patient's marked restriction in  
elimination begin (this is not necessarily the same as  
the date of the diagnosis, as with progressive  
diseases)?

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Year			

**Complete all sections on pages 50 to 54 [page 9].**

## Feeding

Not applicable

Your patient is considered **markedly restricted** in feeding if, all or substantially all the time, he or she:

- is **unable** to feed himself or herself, even with appropriate therapy, medication, and devices; or
- requires an **inordinate amount of time** to feed himself or herself, even with appropriate therapy, medication, and devices.

## Notes

- Feeding oneself **does not** include identifying, finding, shopping for or otherwise procuring food.
- Feeding oneself **does** include preparing food, **except** when the time associated is related to a dietary restriction or regime, even when the restriction or regime is required due to an illness or health condition.
- Devices for feeding include modified utensils, and other such devices.

continue on next page →

- An **inordinate amount of time** means that feeding takes **significantly** longer than for an average person who does not have the impairment.

**Examples of markedly restricted in feeding**

(examples are not exhaustive):

- Your patient requires tube feedings, all or substantially all the time, for nutritional sustenance.
- Your patient requires an inordinate amount of time to prepare meals or to feed himself or herself, on a daily basis, due to significant pain and decreased strength and dexterity in the upper limbs.

Is your patient **markedly restricted** in feeding, as described on page 35 and above?

Yes  No

If **yes**, when did your patient's marked restriction in feeding begin (this is not necessarily the same as the date of the diagnosis, as with progressive diseases)?

Year			

**Complete all sections on pages 50 to 54 [page 9].**

## Dressing

Not applicable

Your patient is considered **markedly restricted** in dressing if, all or substantially all the time, he or she:

- is **unable** to dress himself or herself, even with appropriate therapy, medication, and devices; or
- requires an **inordinate amount of time** to dress himself or herself, even with appropriate therapy, medication, and devices.

### Notes

- Dressing oneself **does not** include identifying, finding, shopping for or otherwise procuring clothing.
- Devices for dressing include specialized buttonhooks, long-handled shoehorns, grab rails, safety pulls, and other such devices.
- An **inordinate amount of time** means that dressing takes **significantly** longer than for an average person who does not have the impairment.

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## Examples of markedly restricted in dressing

(examples are not exhaustive):

- Your patient cannot dress without daily assistance from another person.
- Due to pain, stiffness, and decreased dexterity, your patient requires an inordinate amount of time to dress on a daily basis.

Is your patient **markedly restricted** in dressing,  
as described on page 37 and above?

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Yes  No

If **yes**, when did your patient's marked restriction in  
dressing begin (this is not necessarily the same as  
the date of the diagnosis, as with progressive  
diseases)?

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Year		

**Complete all sections on pages 50 to 54 [page 9].**

## Mental functions necessary for everyday life

Not applicable

Your patient is considered **markedly restricted** in performing the mental functions necessary for everyday life (described below) if, all or substantially all the time, he or she:

- is **unable** to perform them by himself or herself, even with appropriate therapy, medication, and devices (for example, memory aids and adaptive aids); or
- requires an **inordinate amount of time** to perform them by himself or herself, even with appropriate therapy, medication, and devices. An inordinate amount of time means that your patient takes **significantly** longer than an average person who does not have the impairment.

Mental functions necessary for everyday life include:

- Adaptive functioning (for example, abilities related to self-care, health and safety, social skills and common, simple transactions);
- Memory (for example, the ability to remember simple instructions, basic personal information such as name and address, or material of importance and interest); and

continue on next page →

- Problem-solving, goal-setting, and judgement, taken together (for example, the ability to solve problems, set and keep goals, **and** make appropriate decisions and judgements).

**Important** – a restriction in problem-solving, goal-setting, or judgement that markedly restricts adaptive functioning, all or substantially all the time, would qualify.

**Examples of markedly restricted in the mental functions necessary for everyday life** (examples are not exhaustive):

- Your patient is unable to leave the house, all or substantially all the time, due to anxiety, despite medication and therapy.
- Your patient is independent in some aspects of everyday living. However, despite medication and therapy, your patient needs daily support and supervision due to an inability to accurately interpret his or her environment.
- Your patient is incapable of making a common, simple transaction without assistance, all or substantially all the time.

- Your patient experiences psychotic episodes several times a year. Given the unpredictability of the psychotic episodes and the other defining symptoms of his or her impairment (for example, avolition, disorganized behaviour and speech), your patient continues to require **daily** supervision.
- Your four-year-old patient cannot play interactively with peers or understand simple requests.

Is your patient **markedly restricted** in performing the mental functions necessary for everyday life, as described on pages 39, 40 and above?

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Yes  No

If **yes**, when did your patient's marked restriction in the mental functions necessary for everyday life begin (this is not necessarily the same as the date of the diagnosis, as with progressive diseases)?

---

Year			

**Complete all sections on pages 50 to 54 [page 9].**

continue on next page →

## Life-sustaining therapy

Not applicable

Your patient needs life-sustaining therapy to support a vital function, even if the therapy has alleviated the symptoms. Your patient needs the therapy at least 3 times per week, for an average of at least 14 hours per week.

### Notes

The following points apply in determining the time your patient spends on therapy:

- Your patient must dedicate the time for the therapy – that is, the patient has to take time away from normal, everyday activities to receive it. If your patient receives therapy by a portable device, such as an insulin pump, or an implanted device, such as a pacemaker, the time the device takes to deliver the therapy **does not** count towards the 14-hour requirement. However, the time your patient spends setting up a portable device **does** count.

- Do **not** include activities such as following a dietary restriction or regime, exercising, travelling to receive the therapy, attending medical appointments (other than appointments where the therapy is received), shopping for medication, or recuperating after therapy.

### **For 2005 and later years**

- If your patient's therapy requires a regular dosage of medication that needs to be adjusted daily, the activities directly related to determining and administering the dosage **are** considered part of the therapy (for example, monitoring blood glucose levels, preparing and administering the insulin, calibrating necessary equipment, or maintaining a log book of blood glucose levels).
- Activities that are considered to be part of following a dietary regime, such as carbohydrate calculation, as well as activities related to exercise, **do not count** toward the 14-hour requirement (even when these activities or regimes are a factor in determining the daily dosage of medication).

continue on next page →

- If a child is unable to perform the activities related to the therapy because of his or her age, the time spent by the child's primary caregivers performing and supervising these activities **can** be counted toward the 14-hour requirement. For example, in the case of a child with Type 1 diabetes, supervision includes having to wake the child at night to test his or her blood glucose level, checking the child to determine the need for additional blood glucose testing (during or after physical activity), or other supervisory activities that can reasonably be considered necessary to adjust the dosage of insulin (excluding carbohydrate calculation).

**Examples of life-sustaining therapy** (examples are not exhaustive):

- Chest physiotherapy to facilitate breathing
- Kidney dialysis to filter blood
- Insulin therapy to treat Type 1 diabetes in a child who cannot independently adjust the insulin dosage (for 2005 and later years)

Does your patient meet the conditions for **life-sustaining therapy**, as described on pages 42, 43 and above?

---

Yes  No

If **yes**, when did your patient's therapy begin to meet the conditions (this is not necessarily the same as the date of the diagnosis, as with progressive diseases)?

---

Year		

Please provide details of the therapy (for example dialysis, or for persons with diabetes, insulin pump or multiple daily injections):

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**Complete all sections on pages 50 to 54 [page 9].**

continue on next page →

**Cumulative effect of significant restrictions –  
applies to 2005 and later years**

Not applicable

If your patient is markedly restricted under any of the previous sections, it is not necessary to complete this section.

Answer the questions in the following checklist to help you determine if your patient qualifies for the disability amount. Remember to answer the questions on page 49 [at the bottom of this page].

1. Does your patient have at least one impairment in physical or mental functions that has lasted, or is expected to last, for a continuous period of at least 12 months?

---

Yes  No

2. Even with appropriate therapy, medication, and devices, has the impairment resulted in a **significant restriction**, that is not quite a **marked restriction** (defined on page 47 [below] ), in two or more basic activities of daily living?

---

Yes  No

3. Do these significant restrictions exist together, all or substantially all the time? Yes  No

---

4. Is the cumulative effect of these significant restrictions equivalent to a marked restriction in a single basic activity of daily living (see examples on page 48 [below] )? Yes  No

---

### Notes

- You **can** include vision in combination with the basic activities of daily living.
- You **cannot** include the time spent on life-sustaining therapy.

### Definitions

**Markedly restricted** means that all or substantially all the time, and even with therapy (other than life-sustaining therapy) and the use of devices and medication, either:

- your patient is unable to perform at least one of the basic activities of daily living; or

continue on next page →

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- it takes your patient an inordinate amount of time to perform at least one of the basic activities of daily living.

**Significantly restricted** means that although your patient does not **quite** meet the criteria for markedly restricted, his or her ability to perform the basic activity of daily living or vision is still substantially restricted.

**Examples of cumulative effects equivalent to being markedly restricted in a basic activity of daily living**

(examples are not exhaustive):

- Your patient can walk for 100 metres, but then must take time to recuperate. He or she can perform the mental functions necessary for everyday life, but can concentrate on any topic for only a short period of time. The cumulative effect of these two significant restrictions is equivalent to being markedly restricted, such as being unable to perform one of the basic activities of daily living.
- Your patient always takes a long time for walking, dressing and feeding. The extra time it takes to perform these activities, when added together, is equivalent to being markedly restricted, such as taking an inordinate amount of time in a single basic activity of daily living.

**Answer the following question(s) to certify your patient's condition:**

Do you certify that your patient meets the four conditions described in the checklist **on pages 46 and 47 [above]**?

---

Yes  No

If **yes**, tick at least two of the following, as they apply to your patient.

- vision             speaking             hearing
- walking             feeding             dressing
- elimination (bowel or bladder functions)
- mental functions necessary for everyday life

If **yes**, when did the cumulative effect described above begin (this is not necessarily the same as the date of the diagnosis, as with progressive diseases)?

---

Year		

**Complete all sections on pages 50 to 54 [page 9].**

continue on next page →

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## **Complete all areas on pages 51 to 54 [below]**

### **Effects of impairment**

The effects of your patient's impairment must be those which, even with therapy and the use of appropriate devices and medication, cause your patient to be restricted **all or substantially all of the time**.

#### **Notes**

- Basic activities of daily living are limited to walking, speaking, hearing, dressing, feeding, elimination, and mental functions necessary for everyday life.
- Working, housekeeping, and social or recreational activities are **not** considered basic activities of daily living.

#### **Examples of effects of impairment** (examples are not exhaustive):

- For a patient with a walking impairment, you might state the number of hours spent in bed or in a wheelchair each day.
- For a patient with an impairment in mental functions necessary for everyday life, you might describe the degree to which your patient needs support and supervision.

**Describe the effects of your patient's impairment(s)** on his or her ability to perform each of the basic activities of daily living that you indicated are or were markedly or significantly restricted (include the diagnosis, if available). If you need more space below, attach a separate sheet of paper.

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effects of impairment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Duration

Has your patient's impairment lasted, or is it expected to last, for a continuous period of at least 12 months? For deceased patients, was the impairment expected to last for a continuous period of at least 12 months?

---

Yes  No

If **yes**, has the impairment improved, or is it likely to improve, such that the patient would no longer be blind, markedly restricted, equivalent to markedly restricted due to the cumulative effect of significant restrictions, or in need of life-sustaining therapy?

---

Yes  No  Unsure

If **yes**, state the year that the improvement occurred, or may be expected to occur

---

Year			

## Certification

Tick the box that applies to you:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Medical doctor              | <input type="checkbox"/> Optometrist     | <input type="checkbox"/> Audiologist  |
| <input type="checkbox"/> Occupational therapist      | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Speech-language pathologist |  |                                       |

As a **qualified practitioner**, I certify that, to the best of my knowledge, the information given in Part B of this form is correct and complete and I understand that this information will be used by the CRA to determine if my patient is eligible for the disability amount or other related programs.

**Sign here**

Print your name

continue on next page →

Address																
City					Province/Territory				Postal code							
Area code			Telephone number					Year			Month		Day			
						-										

**Note**

If further information or clarification is needed, the CRA may contact you.

"Privacy Act" Personal Information Bank number CRA PPU 218.