

# Canada Student Grant for Services and Equipment for Students with Permanent Disabilities

## 2020-21 Application

If you are a student with a permanent disability enrolled in a program at a post-secondary educational institution, you may be eligible to receive the Canada Student Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE). This grant provides up to \$20,000 per program year to purchase specialized education-related services and assistive equipment.

*A **permanent disability**, for the purpose of student financial assistance, is a functional limitation caused by a physical or mental impairment that restricts a borrower from performing the daily activities necessary to participate in studies at a post-secondary school level or the labour force and is expected to remain with the person for the person's expected life.*

Note: Not all medical conditions are considered permanent disabilities for the purpose of permanent disability program funding.

### Eligibility

To be eligible, you must:

- have applied and qualified for student financial assistance as a student with a permanent disability;
- have no outstanding receipts from previous CSG-PDSE funding.

If, during the need assessment process, you are deemed ineligible for student financial assistance because you have sufficient resources to cover education and living costs, you may still qualify for a CSG-PDSE. Please contact Student Financial Services to discuss eligibility.

### How to Apply

- Fill out Section A, including the declaration and consent that you must sign and date.
- Have Section B completed by an official of your educational institution that is authorized to confirm enrollment.
- Have Section C completed by the educational institution's Disability Coordinator and/or a Disability Organization, e.g, CNIB
- Provide at least one detailed cost estimate for each type of service and equipment requested. Please note that quotes must be specific to you.

## Deadline to Submit this Form

The completed form and supporting documents must be received by Student Financial Services no later than six weeks before the end of your study period as funds cannot be released after your period of study end date.

Your application will not be processed until all documentation has been received.

If you are experiencing difficulties in obtaining the required documentation, please contact Student Financial Services at 1-800-667-5626.

Completed forms and supporting documentation can be submitted electronically by visiting [studentaid.gnb.ca](http://studentaid.gnb.ca) and selecting *Upload a Document*. All forms and documentation can also be sent by fax or mailed to Student Financial Services.

## Procedures Upon Approval

You will have to provide receipts showing that you purchased the items for which you were issued funding and any unused portion of the grant must be repaid. All receipts and repayments must be returned with a Reconciliation Worksheet no later than 30 days after the period of studies end date. Further instructions will be provided once your funding is approved.

## Contact Information

### STUDENT FINANCIAL SERVICES

Mailing Address: Student Financial Services  
Post-Secondary Education, Training and Labour  
P.O. Box 6000, 440 King St., Suite 420  
Fredericton, New Brunswick E3B 5H1

Fax: 506-444-4333

Telephone: 506-453-2577 (Fredericton area and outside toll-free zone)  
1-800-667-5626 (the rest of NB, the Atlantic Provinces and west to mid-Ontario)

Hours: 8:00 a.m. to 7:30 p.m. Monday to Friday  
9:00 a.m. to 1:00 p.m. Saturday

Website: [studentaid.gnb.ca](http://studentaid.gnb.ca)

# SECTION A – TO BE COMPLETED BY ALL APPLICANTS

## Part 1: Applicant Information

Social Insurance Number (SIN): \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Legal First Name

Legal Last Name

Middle Initial

## Mailing Address

Street Address/P.O. Box

Apartment No.

City/Town

Province/Territory

Country (other than Canada)

Postal Code

Area Code and Telephone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

## Program Information

Name of Post-Secondary Educational Institution: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Program Start Date (yyyy/mm): \_\_\_\_\_

Date applied for Student Financial Assistance (yyyy/mm/dd): \_\_\_\_\_

Successfully qualified for a student loan for the 2020-2021 academic year?  Yes  No

## Part 2: Nature of Disability

Check (✓) all that apply

Physical Disability

Blind, visually impaired

Neurological Disability

Psychiatric/Psychological Disability

Learning Disability

ADD/ADHD

Deaf, hard of hearing

Cognitive Impairment

Other (please specify) \_\_\_\_\_

## Part 3: Services and Equipment

Check (✓) all required services and equipment.

- |   |   |
|---|---|
| <input type="checkbox"/> Note Taker                 | <input type="checkbox"/> CCTV   |
| <input type="checkbox"/> Specialized Tutor          | <input type="checkbox"/> FM System  |
| <input type="checkbox"/> Reader                     | <input type="checkbox"/> Smartpen   |
| <input type="checkbox"/> Interpreter                | <input type="checkbox"/> Digital Recorder   |
| <input type="checkbox"/> Educational attendant care | <input type="checkbox"/> Computer Package (laptop/desktop/tablet)                 |
| <input type="checkbox"/> Academic strategy sessions | <input type="checkbox"/> Alternative formats (braille print, e-text, larger font) |
| <input type="checkbox"/> Specialized Transportation | <input type="checkbox"/> Software (specify) _____                                 |

### Reimbursement of the psychoeducational assessment

If you are requesting reimbursement for a recently completed psychoeducational assessment, please complete the following:

Date of Assessment (yyyy/mm/dd): \_\_\_\_\_

Cost of Assessment: \$ \_\_\_\_\_

Note:

- The assessment must have been completed within six months of the date of the application.
- The assessment must clearly indicate a learning disability and barriers / limitations which may impact your participation in post-secondary.
- An official receipt for the psychoeducational assessment is required.
- Reimbursement is for 75% of the cost of one diagnostic assessment confirming the diagnosis of a learning disability, up to a maximum of \$1,700.
- Reimbursement will not be provided for any portion of the cost that was paid for or reimbursed by another person or a private insurance plan.

## Part 4: Applicant's Declaration and Consent

### To be completed by all applicants.

I require CSG-PDSE funding for the cost of the disability-related services and/or equipment identified on this application, and I will not receive financial assistance from any other source to cover these costs.

I understand that I must use the CSG-PDSE I receive for the equipment and/or services identified on this application and that I cannot substitute for any other equipment and/or services not identified on this application.

I agree that I will submit a completed *Reconciliation Worksheet* and provide receipts for equipment and services no later than 30 days after the end of my study period.

I agree that if I do not submit receipts, I will repay, by money order or certified cheque made payable to the Minister of Finance, all funds that I have not used for the study period identified on this application. I understand that failure to do so may result in being restricted from receiving CSG-PDSE funding.

I understand that I may be required to repay all or part of the CSG-PDSE funds if the information and any supporting documentation I provide in connection with this application is found to be inaccurate or if any information I provide changes, including my study period and/or my course load.

I understand that information I provide in connection with this application will be verified and audited and any change resulting from verification and audit may affect my eligibility for and the amount of CSG-PDSE funds provided to me, and that I may be required to repay all or a part of the CSG-PDSE funds.

I declare that the information provided on 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.

I agree to promptly notify the Department of Post-Secondary Education, Training and Labour in writing of changes to any information I have provided, including but not limited to my disability and the services and equipment I need, address, educational institution, and course load, as they occur.

### INFORMATION CONSENT

Personal information is collected and used for the administration of the Canada Student Loans Program (CSLP) under the authority of the *Canada Student Financial Assistance Act* (CSFAA) and the *Canada Student Loans Act* (CSLA). Information about you under the control of Canada will be administered in accordance with the *Privacy Act* (Canada).

**THIS IS A TWO PAGE DECLARATION AND CONSENT**

**PLEASE INITIAL TO ACKNOWLEDGE THAT YOU HAVE READ THIS FIRST PAGE \_\_\_\_\_**

Under the authority of the *Post-Secondary Student Financial Assistance Act*, 2007, c.P-9.315, the Department collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1) of the *Right to Information and Protection of Privacy Act*, SNB 2009, c. R-10.6 (RTIPPA); section 37(1) of the *Personal Health Information Protection and Access Act*, SNB 2009, c. P-7.05 (PHIPAA); and the Department's *Document and Record Management Policy* for the purposes of administrating programs and services.

I consent to the Department collecting only as much personal information as is reasonably necessary and using my information for the following purposes:

- processing my application for student financial assistance;
- determining and verifying my eligibility for student financial assistance;
- administering any student financial assistance provided to me, including the repayment and collection thereof;
- conducting research and evaluation of the Student Financial Assistance Program(s);
- carrying out their powers and duties in accordance with the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- the administration and enforcement of the *Post-Secondary Student Financial Assistance Act* and the regulations thereunder;
- confirming the accuracy of my identification in the context of my application for federal and provincial student financial assistance.

I understand that in order to accomplish these purposes, my information may need to be shared. I hereby consent to the Department exchanging any personal information about me collected in relation to my application for financial assistance, with any department of the Province of New Brunswick, the government of any other province or territory of Canada, the Government of Canada, service provider(s), educational institution(s), financial institution(s), and other agencies and persons.

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program because of its administrative requirements and the requirements established by the *Canada-New Brunswick Student Loan Program Integration Agreement* and in accordance with the RTIPPA.

If you have any questions regarding how your personal information is collected or used, you may contact the Program Liaison and Quality Assurance Manager at 506-453-2713.

I have read the above information in its entirety. I acknowledge that this authorization is valid for the duration of the program(s) or service(s) and the monitoring associated with it.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## SECTION B – CONFIRMATION OF ENROLLMENT

**To be completed by an official of the educational institution.**

Student's Full Name: \_\_\_\_\_

This form is to confirm that the above-named student is enrolled as a full-time or part-time student at this educational institution in an approved course of studies.

Name of Educational Institution: \_\_\_\_\_

Name of Institution Official: \_\_\_\_\_

Title of Institution Official: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

X \_\_\_\_\_

Signature of Institutional Official

\_\_\_\_\_ Date (yyyy/mm/dd)

Note:

- Confirmation of Enrollment may be completed as soon as the student's program registration is confirmed.
- This form must only be signed by an institution official authorized to confirm enrollment.





## Equipment Request

Provide a list of all required equipment, assistive software, and technical aids and the cost.

Equipment Attach at least one estimate/quote for each requested item.	Amount Requested
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Equipment Total</b>	\$

If more space is required, please attach an extra sheet of paper to this form.

## Summary of Services and Equipment Request

Service Total	\$
Equipment Total	\$
<b>TOTAL REQUESTED</b>	\$

## Rationale for Services and Equipment Request

Explain how the recommended exceptional education-related equipment and/or services will help the student to overcome their functional limitations in a post-secondary environment:

If more space is required, please attach an extra sheet of paper to this form.

### Approval by Disability Coordinator

I, the undersigned, have met with the above-named student. We have discussed required services and equipment, and I hereby confirm the student's need for the education-related accommodations listed above to the best of my judgment.

Name of Disability Coordinator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

X \_\_\_\_\_

Signature of Disability Coordinator

\_\_\_\_\_ Date (yyyy/mm/dd)