

Canada Student Grant for Services and Equipment - Students with Disabilities

2023-24 Application

If you are a student with a disability enrolled in a program at a post-secondary school, you may be eligible to receive the Canada Student Grant for Services and Equipment - Students with Disabilities (CSG-DSE). 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 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 or to participate in the labour force and that is expected to remain with the person for the person’s expected life.*

*A **persistent or prolonged disability**, for the purpose of student financial assistance, is 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 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.*

Note: Not all medical conditions are considered disabilities for the purpose of Canada Student Financial Assistance Program funding.

Eligibility

To be eligible, you must:

- have applied and qualified for federal student financial assistance as a student with a disability; and
- have no outstanding receipts from previous services and equipment funding or required refunds.

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

How your disability-related educational costs are considered

Each service or equipment request is considered based on the specific impacts of your disability on your studies and what is eligible for CSG-DSE funding. Information provided from your health care provider (physician or other regulated health care professional) and from your Disability Coordinator at your post-secondary school or a recognized disability organization is used to determine what eligible costs may be funded.

You may be provided funding for all or a portion of the costs of the eligible services and equipment requested. Approved amounts for eligible items are subject to maximum limits so it is possible that not all your costs are covered.

Any services and equipment purchased before your application is approved are done at your own risk as they may not be approved for CSG-DSE funding. If you choose to obtain services or purchase equipment prior to receiving approval, you must provide purchase receipts with your application. The costs for services and equipment (excluding psycho-educational assessments) purchased more than 60 days before the start of your study period will not be considered.

How to Apply

- Meet with the Disability Coordinator at your postsecondary school or a recognized disability organization, e.g, Canadian National Institute for the Blind (CNIB), and have them complete Sections A to D of this application.
- Read through Section E of the application, and sign and date the declaration of consent.
- Make sure that a detailed cost estimate for each type of service and piece of equipment requested is submitted with the application.
- You should keep a copy of your application for future reference.

Deadline to Submit this Application

The completed form and all supporting documents should be submitted as early as possible; however, all documentation 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 required documentation has been received. Forms that are incomplete will not be processed. Correspondence will be sent requesting appropriate completion of the form which will result in processing delays.

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

How to submit this application

Completed applications and all required documents can be submitted electronically by visiting studentaid.gnb.ca and selecting *Upload a Document*. All forms and documentation can also be sent by fax or mailed to Student Financial Services.

Mailing Address: Student Financial Services
Post-Secondary Education, Training and Labour
Beaverbrook Building, P.O. Box 6000
Fredericton, New Brunswick E3B 5H1

Fax: 506-444-4333

Telephone: 1-800-667-5626
506-453-2577

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

Procedures Upon Approval

CSG-DSE funding you receive must only be used to purchase the approved items as indicated in the Reconciliation Worksheet that is sent with your approval letter. For example, funding issued to purchase assistive software may not be used to purchase noise-cancelling headphones.

Approved equipment should be purchased promptly after receiving your CSG-DSE funding to maximize equipment usage during your study period. All approved items must be purchased before the end of your study period. Otherwise, you will have to repay all or a portion of the funds given to you to make these purchases.

You will have to provide receipts showing that you purchased the items for which you were issued CSG-DSE funding. If you do not provide acceptable proof of purchase or the purchase price was less than the funding amount issued for an approved item, you will have to return all or a portion of the funds issued. You must repay any unused grant funds.

All receipts and repayments must be submitted with the completed *Reconciliation Worksheet* no later than 30 days after completing or leaving your period of study. The Reconciliation Worksheet along with instructions will be provided once your funding is approved.

Part A: Applicant Information

To be completed by a Disability Coordinator from the post-secondary school or a recognized disability organization, e.g. CNIB.

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 School: _____

Name of Program: _____

Program Start Date (yyyy/mm): _____ Program End Date (yyyy/mm): _____

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

Indicate the delivery method of the student's program of studies for the 2023-2024 loan year:

In person Online Combination of in person and online

Nature of Disability

Check (✓) all that apply

- | | |
|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Mobility/Agility Impairment | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Psychiatric/Psychological |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Cognitive Impairment |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Other (please specify) _____ |

Section B: Identification of Required Services and Equipment

To be completed by a Disability Coordinator from the post-secondary school or a recognized disability organization, e.g., CNIB.

Indicate the services and equipment items required to accommodate the student's disability-related functional limitations while in postsecondary studies. If additional space is needed to outline the type of services or equipment required, please attach additional copies of the relevant page to the application.

A cost estimate must be provided for each type of service and each equipment item requested.

Each category or item may be subject to a funding maximum. This means that all costs may not be covered even if the application is approved.

Note:

- Services and equipment may not be considered for CSG-DSE funding if they are:
 - provided by the post-secondary school;
 - eligible for funding through another agency; or
 - eligible for funding by any third party, such as through insurance.
- The cost of tutoring services provided by family members or individuals with a close personal relationship with the student will not be considered for CSG-DSE funding.
- A request for a computer (desktop, laptop or tablet) to support a student's specific disability-related functional limitations will only be considered for funding once every four years.

Example for completing the Service Request table

A request for tutoring for 1 course and note taker for 2 courses

Service Type (i.e. tutor, note taker)	Course Name / Course Code	Course Start Date (yyyy/mm/dd)	Course End Date (yyyy/mm/dd)	# Hours per week	# of Weeks of Service*	\$ Hourly Rate	Amount Requested
Tutor	STAT 101:12	2022/09/12	2022/12/09	1	13	20.00	\$ 260.00
Note Taker	STAT 101:12	2022/09/06	2022/12/09				\$ 150.00
Note taker	PSYC 260:12	2022/09/06	2022/12/09				\$ 150.00
Service Total							\$ 560.00

Example for completing the Equipment Request table

A request for a complete computer package (including a laptop, keyboard, mouse, MS Office - student edition and 3-year warranty) and noise-cancelling headphones.

Equipment Item (each item on a separate line)	Total Item Cost (including tax and shipping)
Complete laptop package	\$2,000.00 (max allowable)
Noise-cancelling headphones	\$460.00
Equipment Total	\$2,460.00

Equipment Request

List all required equipment, with each equipment item in a separate line except items included in a complete computer package (see example on page 5). Enter total cost amount for each item, including tax and shipping (if applicable).

Attach one estimate/quote from the supplier for each requested equipment item. Amount(s) should conform to the standard costs and frequency of entitlement as outlined in the Disability Programs Administration Manual.

Equipment Item (each item on a separate line)	Total Item Cost (including tax and shipping)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Equipment Total	\$

Summary of Services and Equipment Request

Service Total	\$
Equipment Total	\$
TOTAL REQUESTED	\$

Section C: Rationale for Services and Equipment Request

To be completed by a Disability Coordinator from the post-secondary school or a recognized disability organization, e.g, CNIB.

For **each** recommended education-related equipment and service in this application, identify the **specific** disability-related functional limitation(s)/barrier(s) it is targeting and explain how it will reduce the impact of the functional limitation(s)/barrier(s) for the student in an educational setting.

Examples of acceptable rationale:

- [Student's name] requires notetaker services because she struggles to create a full set of notes on her own given her difficulties with inattention and hyperactivity. [Student's name]'s ADHD is creating a barrier for her to fully absorb course content in class. The note-taker will allow [Student's name] to have complete notes to reference when completing assignments and to review when preparing for exams.
- [Student's name] struggles with information processing therefore having a laptop to use with text-to-speech software will allow her to review information independently. It will also allow her to hear the information which is a strength for her as she has an excellent memory for verbal information.

Note: Requested services or equipment that are not supported by specific disability-related rationale will not be considered. Simply referencing recommendations in psychoeducational assessments or medical documentation is not sufficient and will not be accepted.

Additional space is provided on the next page, if required.

Rationale for Services and Equipment Request (continued)

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

Section D: 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 to the best of my judgement that the services and equipment listed above adhere to the disability program guidelines* and are required by the student to overcome their disability-related limitations in the post-secondary education environment.

Name of Disability Coordinator: _____

Telephone Number: _____ Email address: _____

X _____

Signature of Disability Coordinator

_____ Date (yyyy/mm/dd)

*To request a copy of the disability program guidelines, please send a request to SFS-SFE.PD-IP@gnb.ca.

Section E: Applicant's Declaration and Consent

To be completed by all applicants.

I require CSG-DSE 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-DSE funding I receive for the equipment and/or services identified in the *Reconciliation Worksheet* I will receive upon approval of my application and that I cannot substitute for any other equipment and/or services not identified on that *Reconciliation Worksheet*.

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

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 and Treasury Board, all funds that I have not used for the study period identified on the *Reconciliation Worksheet*. I understand that failure to do so may result in being restricted from receiving CSG-DSE funding.

I understand that I may be required to repay all or part of the CSG-DSE 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 related to my student financial assistance applications will be verified and audited and any change resulting from verification and audit may affect my eligibility for and the amount of CSG-DSE funds provided to me, and that I may be required to repay all or a part of the CSG-DSE 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 Financial Assistance Program 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 and understood the above information in its entirety. I have met with the above-named disability coordinator and agree with the requests made in this application.

I acknowledge that this declaration and consent is valid for the duration of the program(s) or service(s) and the monitoring associated with it.

X _____
Signature of Applicant

Date