

APPLICATION FOR CANADA STUDENT GRANT FOR STUDENTS WITH PERMANENT DISABILITIES FOR SERVICES AND EQUIPMENT

INSTRUCTIONS

1. Form must be completed and signed in INK.
2. Ensure all required signatures and supporting documents are attached.
3. Supporting documents:
 - Proof of enrollment (copy of student loan Notice of Assessment);
 - Confirmation of need letter (completed by Educational Institution [EI] official);
 - One detailed cost estimates for each requested service and equipment;
 - Completion of Services Request form;
 - Completion of the Cost Estimate Summary sheet.
4. In order to be eligible for the Canada Student Grant for Students with Permanent Disabilities for Services and Equipment (CSG PDSE), a student must satisfy all criteria.

COLLECTION AND USE OF INFORMATION

This personal information is collected under the authority of the *Canada Student Financial Assistance Act*, the *Canada Student Loans Act* and the *Post-Secondary Student Financial Assistance Act* as amended from time to time and will be used to determine and verify eligibility under the federal and provincial student financial assistance programs.

STUDENT

1. Must complete and sign all sections of the application with the exception of Section E.
2. Have Section E completed by an Official of your EI.

OFFICIAL OF YOUR EDUCATIONAL INSTITUTION

1. Must complete Section E.

RECEIVING YOUR FUNDS

1. If approved for CSG PDSE, you will receive a letter and a reconciliation worksheet detailing the funding you will receive. The letter will provide you with a date as to when you may pick up the cheque at your EI.
2. If approved for CSG PDSE, Student Financial Services will send a cheque, in your name, to your EI. Contact your EI disability office to pick up the cheque.

TIMING OF RECEIPTS

Students who obtain funds based on the equipment / service quote must provide receipts no later than 30 days after the period of studies end date.

- i. Students requesting reimbursement for previously purchased equipment / services must provide their application with the purchase receipts in sufficient time to ensure the application is approved and the grant issued prior to the student's period of studies end date.

SUBMISSION AND PURCHASE DEADLINES

1. Students can purchase equipment (and training for that equipment) at any point during their pre-study period and their study period, up until the end of their study period. For example, a student studying from September to April would have from May to April to make their purchase(s).
2. For services such as note-taking, the purchase period is between the student's study start date and end date.
3. Students must provide receipts before the end of the study period. When a student purchased equipment or a service prior to approval, only the receipt needs to be submitted upon applying.

ASSESSMENT

To benefit from the CSG PDSE, you must have at least \$1 of demonstrated federal financial need for the academic year. However, if the initial need assessment did not have at least a \$1 of demonstrated financial need, then the estimated costs for the recommended equipment and/or services can be included in the need assessment. If the financial need is then calculated as at \$1 or more, you may be eligible for CSG-PDSE funding. In all cases, **the CSG PDSE cannot be issued after a student's period of studies end date.**



SECTION A PERSONAL INFORMATION

Social Insurance Number 	Student Number	
Surname	Given Name	Date of Birth (yyyy/mm/dd)
Address		
City	Province	Postal Code
Telephone Number ()	E-mail	
Date applied for Student loan (yyyy/mm/dd)	Successfully qualified for student loan for 2018-19 academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B NATURE OF DISABILITY

Check all applicable.

<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Blind, visually impaired
<input type="checkbox"/> Neurological Disability	<input type="checkbox"/> Psychiatric Disability
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> ADD / ADHD
<input type="checkbox"/> Deaf, hard of hearing	<input type="checkbox"/> Other - specify

SECTION C SERVICES AND EQUIPMENT

Check all required services and equipment.

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

NOTE**Reimbursement of the psycho-educational assessment**

If you are requesting reimbursement for a recently completed Psycho-Educational Assessment, please complete the following.

Date of Assessment (yyyy/mm/dd)	Cost of Assessment \$ _____
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- 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 / limitation which may impact your participation in post-secondary.
- Reimbursement is for 75% of the cost of one diagnostic assessment confirming a learning disability, up to a maximum of \$1,200.
- An official receipt for the psycho-educational assessment is required.

SECTION D STUDENT DECLARATION

If I receive funding under the Canada Student Grant for student with permanent disabilities for Services and Equipment (CSG PDSE), I hereby agree to provide, by the end of my study period, receipts showing that funds were spent for their intended purposes. If part or all funding is not used, I will return unused funding to the CSG PDSE Program.

Student's Signature

Date (yyyy/mm/dd)

SECTION E TO BE COMPLETED BY AN OFFICIAL OF THE EDUCATIONAL INSTITUTION

Name of Educational Institution

Program of Study

Year of Study

Study Date for Academic Year 2018-19

Course Load for Academic Year 2018-19

Approval by an Official of the Educational Institution

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

Name

Position

Telephone Number

E-mail

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Signature

Date (yyyy/mm/dd)

Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities



Note: This application cannot be assessed unless all of the following documentation has been submitted.

- Application Form for Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities
- Cost Estimates for Equipment or Services
- Services Request Form (if applicable)
- Medical documentation (if not previously submitted)

Social Insurance Number

First Name _____ Last Name _____ Middle Initial _____

COST ESTIMATE SUMMARY SHEET

Please list requested equipment and services.

Item	Cost	Name of Supplier
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Mail completed application to:

Student Financial Services
Department of Post-Secondary Education, Training and Labour
PO Box 6000, 440 King St.
Fredericton, NB E3B 5H1



SERVICES REQUEST FORM

Tutoring, note taking, reader, attendant care, interpreting services, alternate format

The information on this form will be used for processing your requests for services funding that may be available through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities. Please use a separate form for each type of service request.

The application cannot be processed without the Name of Services Provider completed.

Social Insurance Number

First Name _____ Last Name _____ Middle Initial _____

Service Request _____

FIRST TERM					SECOND TERM				
Course	Hours per Week	Number of Weeks*	\$ per Hour	Total \$ per Week	Course	Hours per Week	Number of Weeks*	\$ per Hour	Total \$ per Week
First Term Total Costs					Second Term Total Costs				

* The number of weeks cannot exceed the actual weeks of study.

I understand that my approved services funding may be issued in instalments. The second instalment, if required, will only be issued when it is requested, and the request is accompanied with the receipts showing the first instalment usage.

Receipts must show dates and hours of usage.

Name of Service Provider(s) _____



RECONCILIATION WORKSHEET

DEADLINE

This worksheet, along with **all** receipts, must be returned by the end of your current study period. If you do not provide receipts or return any unused Grant funding, you will have a Grant overaward that will reduce your future eligibility for this Grant.

Social Insurance Number

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First Name _____ Last Name _____

INSTRUCTIONS

- i. Collect all receipts and submit them at the same time along with this completed worksheet.
- ii. Your receipts must indicate that you purchased approved services/equipment during the current study period.
- iii. Submit **only receipts that verify the amounts as paid**; invoices alone **cannot** be accepted.
- iv. Write your name and social insurance number on all receipts.
- v. Complete the worksheet – see sample below.

Type of Service/Equipment	Amount of Grant received	Amount of Grant used	Receipts attached	Amount of unused Grant being returned
Claroread	\$500.00	\$500.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Tutor	\$1,200.00	\$1,000.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$200.00
Total amount of unused Grant being returned				\$200.00

- vi. If you have unused Grant funding, you **must repay** the unused portion. Make your cheque or money order payable to the Minister of Finance and submit with the completed worksheet, along with all receipts, to:

Student Financial Services
Attention: CSG PDSE Program
Department of Post-Secondary Education, Training and Labour
Kings Place
440 King St., Suite 420
Fredericton, NB E3B 5H8

Type of Service/Equipment	Amount of Grant received	Amount of Grant used	Receipts attached	Amount of unused Grant being returned
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total amount of unused Grant being returned				

NOTE: Should you have no unused Grant funding, the completed worksheet, along with all receipts, can be submitted via email at SFS-SFE.PD-IP@gnb.ca .

