

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

2021-22 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 recognized disability organization, e.g, CNIB
- Provide a detailed cost estimate for each type of service and piece of equipment requested.

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 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 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 completing or leaving your period of study. 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
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

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): _____

Part 2: Nature of Disability

Check (✓) all that apply

Learning Disability

Mobility/Agility Impairment

Visual Impairment

Hearing Impairment

Speech Impairment

ADD/ADHD

Pervasive Developmental Disorder

Psychiatric/Psychological

Cognitive Impairment

Other (please specify) _____

Part 3: Services and Equipment

Check (✓) all required services and equipment.

- | | |
|---|---|
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Electronic Magnification System |
| <input type="checkbox"/> Specialized Tutor | <input type="checkbox"/> FM System |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Noise Cancelling Headphones |
| <input type="checkbox"/> Transcriptionist | <input type="checkbox"/> Digital Voice Recorder / Smartpen |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Computer Package (laptop/desktop) |
| <input type="checkbox"/> Educational attendant care | <input type="checkbox"/> Tablet |
| <input type="checkbox"/> Behavioral Interventionist | <input type="checkbox"/> Alternative formats (braille print, e-text, larger font) |
| <input type="checkbox"/> Academic strategy sessions | <input type="checkbox"/> Software (specify) _____ |
| <input type="checkbox"/> Specialized Transportation | <input type="checkbox"/> Other (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): _____

Assessment Cost for Reimbursement: \$ _____

Note:

- The assessment must have been completed within six months of the date of the application.
- The assessment must clearly indicate a diagnosis of a learning disability and describe 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 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, 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 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-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 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 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 program of studies.

Name of Educational Institution: _____

Name of Institution Official: _____

Title of Institution Official: _____

Telephone Number: _____ Email address: _____

Indicate the delivery method of the student's program of studies for the 2021-2022 loan year:

In person Online combination of in person and online

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.

SECTION C – CONFIRMATION OF NEED

To be completed by the educational institution’s Disability Coordinator and/or a recognized disability organization, e.g, CNIB.

Student’s Full Name: _____

Name of Educational Institution: _____

Nature of Disability: _____

Service Request

Provide details for each requested service and attach one estimate for each type of service. Amount(s) requested should conform to the standard costs and frequency of entitlement as outlined in the Permanent Disability Programs Administration Manual.

Service Requested (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
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
							\$
Service Total							\$

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

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

Equipment Request

Provide a list of all required equipment, assistive software, and technical aids and the cost (including tax and shipping if applicable). Amount(s) requested should conform to the standard costs and frequency of entitlement as outlined in the Permanent Disability Administration Manual. Each item must be listed separately.

Equipment Attach one estimate/quote for each requested item.	Amount Requested
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Equipment Total	\$

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	\$
TOTAL REQUESTED	\$

Rationale for Services and Equipment Request

Explain how **each** recommended education-related equipment and/or service included in this application will help the student to overcome their **specific** disability-related functional limitations in a post-secondary environment.

Note: Requested services or equipment that are not supported by specific disability-related rationale will not be considered.

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 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 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.