

DISABILITY TAX CREDIT CERTIFICATE

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 find out if you may be eligible for the disability amount;
- definitions;
- tax office addresses;
- how to make requests for previous years; and
- what to do if you disagree with our decision about your eligibility.

The form itself includes the application section (Part A), and the certification section (Part B).

Who uses this form – and why?

Individuals who have an impairment in physical or mental functions that is severe and prolonged (see Definitions on the next pages), or their representative, use Form T2201 to apply for the disability amount by completing Part A of the form.

Doctors and other 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 return. This amount includes a supplement for persons under 18 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 details on the disability amount, visit our Web site at www.cra.gc.ca/disability, or see guide RC4064, *Information Concerning People With Disabilities*.

If a child under 18 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 details, visit our Web site at www.cra.gc.ca/benefits or see pamphlet T4114, *Your Canada Child Tax Benefit*.

Are you eligible?

You are only eligible for the disability amount if a qualified practitioner certifies, on this form, that you have a 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 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 either the disability amount or the Child Disability Benefit.

If we have already told you that you are eligible, do not send another form unless we ask for one, such as when a previous period of approval has ended. In the meantime, you must tell us if your condition improves.

You can send the form to us at any time in 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, or call **1-800-959-8281**. If you need forms or publications, visit 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 people with disabilities, visit our Web site at www.cra.gc.ca/disability.

Do you use a teletypewriter? – If you use a teletypewriter (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. (local time). From mid-February to April 30, the hours are extended to 10:00 p.m. weekdays, and from 9:00 a.m. to 1:00 p.m. on weekends.

Do you use a TTY operator-assisted relay service? – By law, we have to protect the confidentiality of your tax and benefit information. Because of this, 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, social insurance number, the name of the Telephone Company you will use, your signature, and the date.

Visually impaired persons can get this form in braille, large print, or etext (computer diskette), or on audio cassette by visiting our Web site at www.cra.gc.ca/alternate, or by calling **1-800-267-1267** weekdays from 8:15 a.m. to 5:00 p.m. (Eastern Time).

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.

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 1 of the form itself for instructions on how to apply.

1. Has your impairment lasted, or is it expected to last, for 12 continuous months? **yes** **no**

If you answered "yes", answer Questions 2 to 5 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** (see definition on the next page).

2. Are you blind? **yes** **no**

3. Do you receive **life-sustaining therapy** (see the definition below)? **yes** **no**

4. Do the effects of your impairment cause you to be **markedly restricted** in one of the following basic activities of daily living (see the definition on the next page)? **yes** **no**

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

5. Are you significantly restricted, all or substantially all the time, in at least two of the basic activities of daily living referred to in Question 4 (including vision), so that the effects of the restrictions when considered together are the same as a **marked restriction** (see the definition on the next page) in a single basic activity of daily living? **yes** **no**

Are you eligible for the disability amount?

If you answered "yes" to Question 1 and any one of Questions 2 to 5, you **may be eligible** for the disability amount. To apply for the disability amount, complete page 1 of the form. Then, take the form to a qualified practitioner who can certify the conditions of the impairment for you. If the qualified practitioner certifies the form, send it to us for approval. We will send you a letter to tell you if you are eligible.

If you answered "no" to 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, see guide RC4064, *Information Concerning People With Disabilities*.

Definitions

Life-sustaining therapy (for 2000 and later years) – Life-sustaining therapy must meet the following conditions:

- You receive the therapy to support life, 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 **three 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.

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.

Definitions (continued)

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 the list in Question 4 on the previous page), even with therapy (other than life-sustaining therapy) and the use of appropriate devices or medication.

Qualified practitioner – Qualified practitioners are medical doctors, optometrists, audiologists, occupational therapists, physiotherapists, psychologists, and speech-language pathologists. The table on page 1 of the form lists which sections of the form each can certify.

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

Where to send the completed form

Send the certified form to the same tax office to which you send your tax return. If you are not sure which office, visit our Web site at www.cra.gc.ca/contact and link to "Where to send your T1 return," or see "Tax office addresses" in guide RC4064, *Information Concerning People With Disabilities*.

St. John's Tax Centre
PO Box 12071 Stn A
St. John's NL A1B 3Z1

Shawinigan-Sud Tax Centre
PO Box 3000 Stn Main
Shawinigan-Sud QC G9N 7S6

Sudbury Tax Services Office
PO Box 20000 Stn A
Sudbury ON P3A 5C1

Surrey Tax Centre
9755 King George Highway
Surrey BC V3T 5E1

Summerside Tax Centre
102-275 Pope Road
Summerside PE C1N 5Z7

Jonquière Tax Centre
PO Box 1900 Stn LCD
Jonquière QC G7S 5J1

Winnipeg Tax Centre
PO Box 14000 Stn Main
Winnipeg MB R3C 3M2

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
2204 Walkley Road
Ottawa ON K1A 1A8

Requests for previous years

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

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 at your Tax Centre to review your file a second time.

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 deadline for filing your Income Tax Return (for the year in question); or
- 90 days after the date on your *Notice of Assessment* or *Notice of Reassessment* for that year.

Note: Asking your tax centre to review your file a second time (see 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/Centre
1050 Notre-Dame Avenue
Sudbury ON P3A 5C1

You may also file an Objection electronically through our secure Web site at www.cra.gc.ca/myaccount.

For more information, visit our Web site at www.cra.gc.ca, or get pamphlet RC4213, *Your Rights*.

This form contains proposed changes to law that were current at the time of publication.
Visit our Web site at www.cra.gc.ca for any updates to this information.

DISABILITY TAX CREDIT CERTIFICATE

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

Step 1: Complete this page (**please print**). Remember to sign the authorization area below.

Step 2: Take this form to a qualified practitioner (use the table at right to find out who can certify the sections that apply).

Step 3: Send the completed form to one of the offices listed in the section "Where to send the completed form" in the introduction area of this form.

Keep a copy for your records.

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

Qualified practitioner	Can certify:
Medical doctors	all sections
Optometrists	vision
Audiologists	hearing
Occupational therapists	walking, feeding, dressing, and the cumulative effect for these activities
Physiotherapists	walking
Psychologists	mental functions necessary for everyday life
Speech-language pathologists	speaking

Information about the person with the disability

First name and initial	Last name	Maiden name (if applicable)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: Apt. No. – Street No. and name			Social insurance number	
P.O. Box	R.R.		Date of birth	
City	Prov./Terr.	Postal code	Year	Month
			Day	

Information about the applicant (if different from above)

First name and initial	Last name	Social insurance number
The person with the disability is: <input type="checkbox"/> my spouse or common-law partner <input type="checkbox"/> other (specify) _____		
If you are applying for the disability amount for previous years, answer the following questions for all years of your claim.		
1. Does the person with the disability live with you? yes <input type="checkbox"/> no <input type="checkbox"/>		
If yes, for what year(s)?		
2. If you answered <i>no</i> 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 <input type="checkbox"/> no <input type="checkbox"/>		
If yes, for what year(s)?		
Provide details about the support you provide for the person with the disability: _____ _____		
If you need more space, attach a separate sheet of paper.		

Authorization

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

Sign here _____ **Telephone** _____ **Date** _____

Part B – To be completed by the qualified practitioner

Use the table on the previous page to determine which sections you can certify.

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**:

- **Effects** of the impairment – Eligibility for the disability tax credit is based on the effects of your patient's impairment in addition to the presence of that impairment. The effects of your patient's impairment must fall into one of the following categories:
 - Blindness
 - A marked restriction in a basic activity of daily living
 - The cumulative effect of significant restrictions (for patients who do not have a marked restriction in a basic activity of daily living, but who have more than one significant restriction)
 - Life sustaining therapy
- **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).

Step 1: Answer the questions in the section(s) on pages 2 to 8 that apply to your patient (refer to the table at right).

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.

Section	Page
Vision	Page 2
Walking	Page 3
Speaking	Page 3
Hearing	Page 4
Dressing	Page 4
Feeding	Page 5
Elimination (bowel or bladder functions)	Page 5
Mental functions necessary for everyday life	Page 6
Cumulative effect	Page 7
Life-sustaining therapy	Page 8

Step 2: Complete the "Effects of impairment," "Duration," and "Certification" sections on page 9.

Not applicable

Vision

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)?

Right eye

Left eye

What is your patient's visual acuity **after correction**?

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

Part B – (continued)

 Not applicable

Walking

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, etc.
- 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.
- 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, incoordination, 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, incoordination, 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 above? 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)? Year

 Not applicable

Speaking

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, etc.
- 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.

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 above? 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)? Year

Part B – (continued)

 Not applicable

Hearing

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, etc.
- 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.

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 using a hearing aid.

Is your patient **markedly restricted** in hearing, as described above? 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)?

Year

 Not applicable

Dressing

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

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 above? 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)?

Year

Part B – (continued)

 Not applicable

Feeding

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, etc.
- 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 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

 Not applicable

Elimination (bowel or bladder functions)

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

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 colostomy 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 above? 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)?

Year

Part B – (continued)

 Not applicable

Mental functions necessary for everyday life

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

- is **unable** to perform the mental functions necessary for everyday life, by himself or herself, even with appropriate therapy, medication, and devices; or
- requires an **inordinate amount of time** to perform the mental functions necessary for everyday life, by himself or herself, even with appropriate therapy, medication, and devices.

Notes:

- 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
 - Problem-solving, goal-setting, and judgement (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.
- Devices for the mental functions necessary for everyday life include memory aids, adaptive aids, etc.
- An **inordinate amount of time** means that the mental functions necessary for everyday life take **significantly** longer than for an average person who does not have the impairment.

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 four-year-old patient cannot play interactively with peers or understand simple requests.
- 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.

Is your patient **markedly restricted** in performing the mental functions necessary for everyday life? 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

Part B – (continued)

Not applicable

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

If your patient does not have a marked restriction under **any** of the previous sections, but experiences at least two significant restrictions in more than one basic activity of daily living (see the activities at the bottom of this page), complete this section. For more information, see **Definitions** and **Examples** below.

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
- 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 any one of the basic activities of daily living is still substantially restricted.

Answer the questions in the following checklist to help you determine if your patient qualifies for the disability amount under this section.

1. Does your patient have at least one impairment in physical or mental functions that has lasted, or is expected to last, at least 12 consecutive months? **yes** **no**

2. Even with appropriate therapy, medication, and devices, has the impairment resulted in at least two significant restrictions, that are not quite marked restrictions, in more than one basic activity of daily living (see **Definitions**, above)? **yes** **no**

3. Are these significant restrictions present together, all or substantially all the time? **yes** **no**

4. Is the cumulative effect of these restrictions equivalent to a marked restriction in a single basic activity of daily living (see **Examples**, 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.

If you answered **yes** to **all** four questions, your patient **may** qualify under this section. If you answered **no** to **any** of the questions, your patient **does not** qualify under this section. Remember to answer the questions at the bottom of this page.

Examples of cumulative effects equivalent to a marked restriction in a basic activity of daily living (examples are not exhaustive):

- Your patient can walk for 100 meters, 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 a marked restriction, 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 a marked restriction, 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 **above**? **yes** **no**

If **yes**, check at least two boxes in which your patient is significantly restricted.

- | | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|---|---|
| <input type="checkbox"/> vision | <input type="checkbox"/> speaking | <input type="checkbox"/> dressing | <input type="checkbox"/> elimination (bowel or bladder functions) | <input type="checkbox"/> mental functions necessary for everyday life |
| <input type="checkbox"/> walking | <input type="checkbox"/> hearing | <input type="checkbox"/> feeding | | |

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

Part B – (continued)

Not applicable

Life-sustaining therapy – applies to 2000 and later years

Your patient must need life-sustaining therapy to support a vital function, even if the therapy has alleviated the symptoms. Your patient must need the therapy at least three 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, traveling to receive the therapy, attending medical appointments (other than appointments where the therapy is received), shopping for medication, or recuperating after therapy.

Proposed changes for 2005 and subsequent years

- If your patient's therapy requires a regular dosage of medication that needs to be adjusted daily, the activities directly involved in 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).
- 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 subsequent years)

Does your patient meet the conditions for **life-sustaining therapy**, as described 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

Specify the type of therapy: _____

Part B – (continued: complete all areas below)

Effects of impairment

Describe the effects of your patient's impairment in functions on his or her ability to perform a basic activity of daily living. If you completed the section "Cumulative effect of significant restrictions" on page 7, describe the effects of the patient's impairment(s) on each of the basic activities of daily living (including vision) that you indicated were significantly restricted. If you need more space below, attach a separate sheet of paper.

Notes:

- Effects 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 the time**.
- 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.
- This section may not be relevant for patients who are blind or who need life-sustaining therapy.

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.

Diagnosis (if available): _____

Duration

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

Certification

Check 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 pathologists | |

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.

Sign here

Print your name

Date

Telephone

Address

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