Financial Assistance for
Nunavut Students

DISABILITY ASSESSMENT FORM

For the purpose of the Nunavut Study Grant for Students with Permanent Disabilities, "permanent disability" means a functional limitation caused by a physical or mental impairment that restricts the ability of a person to perform the daily activities necessary to participate in studies at a post-secondary level and that is expected to remain with the person for the person's life.

STUDENT INSTRUCTIONS

1. If you are requesting the Nunavut Study Grant for Students with Disabilities, this form is to be completed by a certifying medical professional.
2. Complete Section 1 then forward the form to your certifying medical professional for completion of Section 2.
3. Upon completing this form, the certifying medical professional should return the form to you.
4. Any fees charged by your certifying medical professional in completing this form are your responsibility and will not be reimbursed by the Department of Family Services.

CERTIFYING MEDICAL PROFESSIONAL INSTRUCTIONS

1. Upon completion of this form, please return it to the student..
2. Any fees charged for the completion of this form are the responsibility of the student and will not be reimbursed by the Department of Family Services.
3. The Nunavut Study Grant helps with the education-related costs for a permanent disability that limits a student from fully participating in postsecondary studies. This Grant may be used to cover exceptional educational expenses such as the cost of a tutor, an interpreter (oral or sign), note-taker, attendant care or special equipment

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All sections are mandatory - Place a dash or line through boxes that do not apply to you.

A - TO BE COMPLETED BY STUDENT

Last Name		First Name
Middle Names(s)		Previous Last Name(s)
Permanent Address (your T4A for income tax will be sent to this address)		
Current Mailing Address		
Community	Territory/Province	Postal Code
Phone	Email Address	
Social Insurance Number	Health Card Number	Date of Birth (YY-MM-DD)

I consent to the release of information from the certifying professional to the Financial Assistance for Nunavut Students program, Department of Family Services, Government of Nunavut. I understand that this information will be used to determine my eligibility for the Nunavut Study Grant for Students with Disabilities.

Student's Signature ______________________ Date (YYYY-MM-DD) ______________

B - TO BE COMPLETED <u>FULLY</u> BY THE CERTIFYING MEDICAL PROESSIONAL

Name and Mailing Address of Certifying Medical Professional	Office Stamp
Phone Number	Fax Number

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

1. What type of disability does the person have?

2. What is the diagnosis?

3. Date of diagnosis? (YY-MM-DD) ________________________

4. This disability is: ____ Temporary ____ Permanent

5. Does the disability result in a functional limitation that restricts the ability of a person to perform daily activities necessary to participate fully in studies at a post-secondary level? ☐ Yes ☐ No

6. Can this person study at the regular course load of 60% of a 100% full course load? ☐ Yes ☐ No

   a. If no, do you suggest they study at a reduced level of 40% of a 100% full course load? ☐ Yes ☐ No

7. Identify all of the applicant's disability related education barriers and how it prevents the applicant from full participating in postsecondary studies:

8. Does the student require any extra educational aids related to their disability? ☐ Yes ☐ No

If YES, describe the nature of the equipment (see front page for instructions):

I certify that the information provided on this form is accurate and the student listed above experiences the disability related education barriers indicated.

______________________________ Signature of Certifying Medical Professional

______________________________ Date (YYYY-MM-DD)