

Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

2019-20 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-Saskatchewan Grant for Services and Equipment. This grant provides up to \$22,000 per program year to purchase specialized education-related services and assistive equipment. This includes an increase in the Canada Grant Cap from \$8,000 to \$20,000 and up to \$2,000 for the Saskatchewan Grant. The grant does not have to be paid back.

If at any time you have questions, please contact the Students Service Centre at the phone number and/or office location provided on this application.

Eligibility

To be eligible, you must:

- Have a permanent disability defined as:
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 school level or in the labour force and is expected to remain with the person for the person's expected life;
- Be enrolled in a full-time or part-time program at a designated post-secondary institution;
- If you are enrolled in a post-secondary program you must submit a separate application for [student loans and grants](#), with the exception of Adult Basic Education, GED and Apprenticeship students;
- Provide written confirmation of the exceptional education-related services or equipment you need;
- Provide proof of your permanent disability by having your doctor fill out the [Verification of Permanent Disability form](#). As an alternative, the doctor can provide a medical certificate describing the functional limitations of your disability and whether it is expected to be permanent;
- Students with a learning disability are to obtain a Learning Disability Assessment (i.e., psycho-educational assessment) which was completed when you were 18 years or older or when you were in high school;
- If you have provided proof of your permanent disability previously, you do not have to provide it again; and
- Have no outstanding receipts from previous services and equipment grant funding.

How to Apply

Before applying for the Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities (CSG-PDSE), talk to the disability advisor at your educational institution and/or recognized disability organization (e.g., the CNIB, Neil Squire Society, the Saskatchewan Deaf and Hard of Hearing Services or the Learning Disabilities Association). The advisor will help with the application process.

The Student Service Centre must receive your application and all supporting documentation at least 30 days before the end of your study period. It is recommended you start the application process at least two months before your classes start.

Grant applications will not be approved if there are outstanding receipts from previous services and equipment grant. Any unused portion of the grant must be refunded to the Student Service Centre, Ministry of Advanced Education. Payment methods include cheque or money order, made payable to the Student Aid Fund or by debit card at the Regina office.

The following information is needed to process your application:

- 1. Confirmation of Enrolment** form for the period of study identified for this school year. This form needs to be filled out by someone at your school authorized to confirm your enrolment. You can usually find this person by going to your school's Registrar's Office.
- 2. Confirmation of Need** form for all disability related services and/or equipment, including an estimate of what it will cost for these services and/or equipment. This is completed by your school's disability advisor and/or a recognized disability organization. They can also direct you to an appropriate equipment supplier to get the estimate/quote for the specialized equipment requested.

The grant must only be used for the services and/or equipment specified in your approval letter. Any changes you would like to make to services and equipment or requests for additional funds must be submitted through your disability advisor.

To ensure academic integrity and to avoid conflicts of interest, service providers funded through the CSG-PDSE cannot be related to the student. Examples of persons that cannot be service providers for CSG-PDSE purposes include the student's parent(s), step-parent(s), sibling(s), aunt(s), uncle(s), etc.

Other service providers who have a close personal relationship with the student may also be considered to be a conflict of interest (e.g., neighbour, close family friend, etc.). Disability Officers/Advisors for Students with Disabilities are asked to use their professional judgement when approving service providers who have a close personal relationship with the student."

Submission of Receipts

Please send copies of the receipts for the approved items you purchased directly to the Student Service Centre, Ministry of Advanced Education through the "uploader feature" in your Advanced Education Portal account or by mail at the address below.

Submit the receipts for the services and/or equipment as soon as you receive them or by the end of your study period. Detailed receipts may include a copy of an invoice marked "paid", a copy of a cash register or other receipt that clearly names the product purchased.

The [Receipt of Support Services](#) Form must be used to keep track of the service hours and costs such as, Tutor, Note-taker, Exam Supervisor/Proctor and other services. Submit this form along with the other receipts.

Important: Future grant applications will not be approved if there are any receipts that have not yet been submitted from previous grants. Any unused portion of the grant must be refunded to the Student Service Centre, Ministry of Advanced Education. Payment methods include cheque or money order, made payable to the Student Aid Fund or by debit card at the Student Service Centre (see [Submission of Documents](#) for address).

If you would like other individuals (e.g., parent, spouse, or guardian) to call or inquire on your behalf about your account, you will need to complete the [Consent to Release Information Form](#).

3. Proof of Permanent Disability. You will also need to obtain one of the following:

Proof of permanent disability from your doctor. Have them fill out the [Verification of Permanent Disability form](#). As an alternative, the doctor can provide a medical certificate describing the functional limitations of your disability and whether it is expected to be permanent.

or

Learning Disability Assessment (i.e., psycho-educational assessment) which was completed when you were 18 years or older or when you were in high school.

or

Documentation proving you receive federal or provincial disability assistance.

Some doctors may charge a fee to fill out your forms related to permanent disability. The Ministry of Advanced Education does not reimburse these fees.

For students with learning disabilities, you pay to obtain a Learning Disability Assessment, but you will be reimbursed if your application is approved. It is recommended that students work with the disability advisor from the school or disability organization to determine if a Learning Disability Assessment is needed and how best to arrange for the assessment.

You have to provide proof of your permanent disability only once.

Submission of Documents and Receipts

Please submit the application and all documents and receipt copies through the “uploader feature” in your Advanced Education Portal account or by mail to the address below:

Mailing Address: Student Services Centre, Disability Unit
1120 - 2010 12th Avenue
Regina, Saskatchewan S4P 0M3

Telephone: In the Regina area: 306-787-5620
Outside Regina: 1-800-597-8278
Outside Canada: 306-787-5620

Fax: 306-787-1608

Email: studentservices@gov.sk.ca

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Student Information

(to be completed by the student)

Full Name: _____

Social Insurance Number: _____

Date of Birth (dd/mmm/yyyy): _____

Preferred Language: English French Gender: Male Female

Mailing Address (all documentation will be sent this address):

Apartment No. Street/Box No. City/Town Province Postal Code

Permanent Address: check (✓) box if address is the same as above

Apartment No. Street/Box No. City/Town Province Postal Code

Telephone : _____ Email: _____

Marital Status: Married or Common Law Single

Number of Dependants: _____

Indigenous Ancestry (North American Indian, Treaty/Registered/Status Indian, Non-Status Indian, Métis or Inuit): Yes No

Visible Minority: Yes No

Citizenship:

Canadian Citizen

Permanent Resident of Canada

Immigration Year: _____

Protected Person

Immigration Year: _____

Highest Level of Education:

Less than High School

High School

Post-Secondary Education

Disability Information

Check the box that describes the nature of your disability:

- Mobility
- Hearing
- Visual
- Speech
- Acquired Brain Injury
- ADD/ADHD
- Pervasive Developmental Disorder (i.e., autism, neurological)
- Psychiatric or Psychological
- Learning - students with this type of disability are to submit a Learning Disability Assessment (i.e., psycho-educational assessment) which was completed when you were 18 years or older or when you were in high school
- Other, please specify: _____

Declarations, Agreements, Acknowledgements, and Consents

I declare that all the information provided is, to the best of my knowledge, correct and complete as of the date of signing.

I agree to promptly notify the Ministry of Advanced Education in writing of any changes, including but not limited to my name, address, educational institution, and course load, as they occur.

I agree to provide the Ministry of Advanced Education copies of receipts showing the money I have spent for my exceptional education-related expenses that were approved. I also agree to give these receipts to the Ministry by the end of my study period, or sooner for verification and audit purposes.

I agree to pay back the Ministry of Advanced Education the unspent funding for exceptional education-related items not purchased.

I acknowledge that in order to qualify for the Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities I am responsible to obtain confirmation of enrolment, written confirmation of need for exceptional education-related services and equipment, and proof of my permanent disability from a qualified practitioner. I acknowledge that I am responsible for any fees charged by the medical doctor or qualified practitioner to complete the Verification of Permanent Disability form or a Learning Disability Assessment for learning disabilities.

I further acknowledge that the information provided by my medical doctor or qualified practitioner on the Verification of Permanent Disability form or Learning Disability Assessment for students with learning disabilities will be used for assessing my eligibility for Canada-Saskatchewan student loans and grants for students with permanent disabilities.

X _____
Signature of Student

Date (dd/mmm/yyyy)

I consent to my school, my school's disability advisor or other designated official of my school to collect, use and disclose my personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act* to the Ministry of Advanced Education, Government of Saskatchewan for the purpose of assessing eligibility, administration, research and evaluation for the Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities.

I consent to the Ministry of Advanced Education, Government of Saskatchewan to collect use and disclose my personal information as defined in *The Freedom of Information and Protection of Privacy Act* and any personal health information as defined in *The Health Information Protection Act* to my school, my school's disability advisor or other designated official of my school or to the Government of Canada for the purpose of assessing eligibility, administration, evaluation and research for the Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities.

I further consent to the Ministry of Advanced Education, Government of Saskatchewan to store my personal information as defined in *The Freedom of Information and Protection of Privacy Act* in the Government of Saskatchewan's Student Financial Assistance System and used for assessing eligibility, administration, research and evaluation of the other financial assistance programs or benefits for which I may be eligible.

X _____
Signature of Student

Date (dd/mmm/yyyy)

Direct Deposit

I **authorize** direct deposit to the account designated below. I understand that the information provided will only be used by the Government of Saskatchewan for the purpose of processing payments for the Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities.

Please do 1 or 2: (1 is preferable, unless you do not have a blank cheque).

1. Attach a current blank cheque or photocopy marked "VOID". Your name and address should be pre-printed on the cheque.
2. Provide the following information about your bank account:

ATTACH A VOID CHEQUE OR COMPLETE THE BANKING INFORMATION AREA BELOW (SEE EXAMPLE)

BANK INFORMATION (ELECTRONIC FUNDS TRANSFER)		
 Branch number (5 digits)	 Inst. number (3 digits)	 Account number
Full name, address, and telephone number of bank:		

If you require assistance completing the bank information, please contact your financial institution.

EXAMPLE:

Name / Nom P.O. Box / C.P. 000 City / Ville, Canada H0H 0H0	Example / Exemple	Cheque No. / N° de chèque: 0000000
Pay to the order of / Payez à l'ordre de <div style="text-align: center; font-size: 2em; opacity: 0.5;">"Void" «Aval»</div> _____ \$ _____ _____ Dollars _____ Signature		
■■■■■ 1	■■■■■■■■ 2	■■■■■■■■■■■■ 3
		■■■■■■■■■■■■■■■■ 4
1. Cheque number - not required 2. Branch number - 5 digits		3. Institution number - 3 digits 4. Account number - as shown on cheque

Note: Your grant will be transferred directly to this bank account if you qualify.

Name of Student: _____

X _____

Signature of Student

_____ Date (dd/mmm/yyyy)

Confirmation of Enrolment - Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities

(to be completed by 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 course of studies for the period of study indicated below.

Name of Institution: _____

Address of Institution: _____

Check (✓) if student is enrolled in a student loan eligible program. Note: the student must also apply for student loans and grants.

Name of Program: _____

Percentage of full course load: _____% (Students are considered full-time if their course load is at least 40% or higher; Part-time course load is at least 20% to 39%)

Period of Study Start Date (dd/mmm/yyyy): _____

Period of Study End Date (dd/mmm/yyyy): _____

Important: the period of study cannot exceed 52 weeks.

Name of Institution Official: _____

Title of Institution Official: _____

X _____
Signature of Institution Official

Date (dd/mmm/yyyy)

- Confirmation of Enrolment 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 enrolment.

Confirmation of Need

(to be completed by the educational institution's Disability Advisor and/or a Disability Organization, e.g., CNIB)

Student's Full Name: _____

Name of Institution: _____

Nature of Disability: _____

Has this student received the Canada-Saskatchewan Grant for Services and Equipment in the past? Yes No

If yes, please ensure the student has submitted all the receipts for the services/equipment purchased. This application cannot be processed until this requirement is met.

Service Request

Provide the type of service(s) requested and the estimated cost:

✓	Service	Total Cost Amount per hour, multiplied by hours per week, multiplied by number of weeks.	Amount Requested
<input type="checkbox"/>	Note taker		\$
<input type="checkbox"/>	Reader		\$
<input type="checkbox"/>	Tutor		\$
<input type="checkbox"/>	Proctor/Exam Supervisor		\$
<input type="checkbox"/>	Interpreter/Captioning/ Oral Sign/Cart		\$
<input type="checkbox"/>	Other (please specify):		\$
Service Total			\$

Equipment Request

Provide a list of all equipment, assistive software, and technical aids requested and the cost:

Equipment Attach copies of the estimates/quotes for each requested item.	Amount Requested
	\$
	\$
	\$
Equipment Total	\$

Summary of Services and Equipment

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

Disability Advisor Name: _____

Telephone: _____ Email: _____

I declare that the information provided on this form is, to the best of my knowledge, correct and complete and I understand that this information will be used for the purposes of assessing eligibility, administration, research and evaluation for the Canada-Saskatchewan Grant for Services and Equipment for Students with Permanent Disabilities.

X _____
Signature of Disability Advisor

Date (dd/mmm/yyyy)