Ontario

Ministry of Colleges and Universities
Student Financial Assistance Branch

2022-23 OSAP Disability Verification Form

Students Attending Ontario Public Postsecondary Institutions

Purpose of this form

This form is used to collect information about your disability, including documentation from your health care provider (physician or other regulated health care professional). This information is used to verify your status as a person with a disability for Ontario Student Assistance Program (OSAP) purposes.

If verified, you may:

- Get additional disability-related funding or the rules for getting OSAP may be adjusted (such as allowing a reduced course load).
- Qualify for funding through the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). These two programs help eligible students in full-time or part-time studies with the costs of eligible disability-related educational services and equipment, such as note-takers, tutors, or assistive technology. You must submit a BSWD/CSG-DSE application to be considered. The application is available on the OSAP website (ontario.ca/osap). Students in micro-credential studies are not eligible for the BSWD and CSG-DSE.

Help is available

The Office for Students with Disabilities or the financial aid office at your school can help you with any questions about this form. The Office for Students with Disabilities can also provide information about disability-related equipment, supports, and services available at your school. For more information, see the “Questions?” section on page 2.

How to complete this form

There are two parts to this form: Section A and Section B.

- Fill out Section A, including the consents and declarations which you must sign and date.
- Section B is completed by your health care provider (physician or other regulated health care professional whose scope of practice includes diagnosing). Send all pages of Section B to your health care provider to complete regarding your disability.

Normally, you are only required to have this form completed once. Your health care provider may charge you a fee for completing the form. You are responsible for paying this fee.

How to submit this form

Submit both Section A (completed by you) and Section B (completed by your health care provider).

Upload it online:
Log into your OSAP account at ontario.ca/osap and use the “Print or upload documents” feature.

Send the form:
Send all sections of this form to the financial aid office at your school.

If you are sending in a paper copy, keep a copy of your form and related documents for your own records.

The privacy of all disability information is protected by the ministry under the *Freedom of Information and Protection of Privacy Act*.

Deadline to submit this form

If you have submitted an OSAP Application for Full-Time Students or OSAP Application for Part-Time Students, this completed form must be received by your financial aid office no later than 40 days before the end of your study period.

If you have submitted an OSAP Application for Micro-credentials, this completed form must be received no later than 5 days after the end of your study period.

Questions?

If you need help with this form, contact the financial aid office at your school.

The Office for Students with Disabilities can also help you with questions about how to complete this form. This office will also be able to provide information on other disability-related supports and services available at your school. You may be required to provide them with additional documents when you discuss your disability-related needs for attending school.

Section A: Student information (to be completed by the student)

What is the name of the school you plan to attend?

Social Insurance Number:

Student number at your school:

Ontario Education Number (OEN), if assigned to you:

Last name:

First name:

Date of birth:
Day Month Year

Mailing address

Street number and name, rural route, or post office box:

Apartment:

Street number and name, rural route, or post office box:

Province or state:

City, town, or post office:

Postal code or zip code:

Country:

Area code and telephone number:

Section A: Consents and declarations of student

Part 1: Required consents and declarations

- I agree that until my loans, overpayments, and repayments, including any micro-credential student loans or micro-credential grant overpayments, are assessed and repaid, the Ministry of Colleges and Universities (ministry) can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of the Ontario Student Assistance Program (OSAP) and Canada Student Financial Assistance Program (CSFA Program) with: Employment and Social Development Canada (ESDC); Canada Revenue Agency (CRA); National Student Loans Service Centre (NSLSC); my postsecondary school and its authorized financial administration agents and auditors; bodies that administer programs identified on this form; other parties used by the ministry to administer and finance OSAP; ESDC's contractors and auditors; collection agencies operated or retained by the federal or provincial governments; and consumer reporting agencies.
- I certify that the information provided on this form is accurate and complete, to the best of my knowledge. I understand that it is an offence to make a false or misleading statement and furthermore, that the ministry may restrict me from receiving disability-related assistance under OSAP in the future, and may take legal action and may require me to repay any disability-related OSAP funding that I received as a result of any false or misleading statement.
- I authorize the physician or other regulated health care professional who has completed Section B of this form to provide the requested personal health information to the ministry and my postsecondary school and, if required by the ministry or my postsecondary school, to provide additional personal health information relating to my disability or disability-related needs.
- I authorize the ministry and my postsecondary school to contact the physician or other regulated health care professional if the personal health information provided by him or her is not clear or is illegible. This authorization is limited and does not extend to allow the ministry or my postsecondary school to gather any personal health information from my physician or other regulated health care professional that is not related to this form or any related documentation that I have submitted.
- I understand that information I provide, including the personal health information provided by my physician or other regulated health care professional, may be verified and audited and, for these purposes the ministry may conduct inspections and investigations.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:

Date:
Day Month Year

Part 2: Optional consent and declaration of student

Sign and date this section only if you agree that your disability-related information on this form can be shared with your school's Office for Students with Disabilities.

Why would this be helpful?

- Giving your consent for the information on this form to be shared with your school's Office for Students with Disabilities may assist this office in discussing available supports, services and accommodations with you.
- This would be particularly helpful if you are in full-time or part-time studies and intend on applying for the Ontario Bursary for Students with Disabilities (BSWD) and/or the Canada Student Grant for Services and Equipment – Students with Disabilities (CSG-DSE). (Note: students in micro-credential studies are not eligible for BSWD or CSG-DSE.)

I authorize the financial aid office at my school and the Ministry of Colleges and Universities to disclose the personal information related to my disability (as provided on this form) to my school's Office for Students with Disabilities if it's required to determine my eligibility for the Ontario Bursary for Students with Disabilities and/or the Canada Student Grant for Services and Equipment – Students with Disabilities.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Student's signature:

Date:
Day Month Year

The personal information you and your physician or other regulated health care professional provide in connection with this form, including your Social Insurance Number (SIN), is collected and used by the ministry to determine your eligibility for disability-related assistance under the Ontario Student Assistance Program (OSAP).

Your personal information will be used to administer and finance OSAP as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

Section B: Verification of patient's disability

To be completed by the student's health care provider (physician or other regulated health care professional).

The information provided on this form is used to determine your patient's status as a person with a disability and their eligibility for disability-related funding and/or accommodations under the Ontario Student Assistance Program (OSAP). Eligibility is based on factors including but not limited to the student's disability meeting the federal definition of either "permanent disability" or "persistent or prolonged disability" for OSAP purposes and resulting in functional limitations that restrict their ability to perform daily activities necessary to pursue postsecondary studies. Provide clear statements about your patient's disability-related functional limitations and educational barriers. Avoid vague terms like "suggests" or "is indicative of". If more space is required, provide additional details on your official letterhead and attach it to this document.

Complete Section B: Parts 1-6. If any questions or fields are left blank, your patient will not be considered to have a permanent disability, or a persistent or prolonged disability, for OSAP purposes. Return the completed form and any attachments to your patient.

Patient information

First name:

Last name:

Date of birth:
Day Month Year

Part 1: Physician or regulated health care professional information

First name:

Area code and telephone number:

Last name:

Specialty:
Indicate all that apply:

- ☐ Audiologist/Speech-Language Pathologist
- ☐ Chiropractor
- ☐ Neurologist
- ☐ Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Ophthalmologist
- ☐ Optometrist
- ☐ Physician – Family
- ☐ Physician – Psychiatrist
- ☐ Physiotherapist
- ☐ Psychologist or Psychological Associate
- ☐ Rheumatologist

This form will NOT be accepted if the chart below is incomplete or submitted without a stamp (or signed letterhead)		
Canadian Provincial/ Territorial Licence #		Place office stamp here - if you do not have an office stamp, you must sign and attach your letterhead to this form
Address		

Patient first name: _____ Last name: _____

Part 2: Patient's disability status

A. Permanent disability status

For OSAP purposes, the federal government defines a **permanent disability** as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force, and
- is expected to remain with the student for their expected life.

Does the patient have a permanent disability?

☐ Yes

☐ No

B. Persistent or prolonged disability status

For OSAP purposes, the federal government defines a **persistent or prolonged disability** as any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—that:

- restricts a student's ability to perform the daily activities necessary to pursue studies at a postsecondary school level or to participate in the labour force,
- has lasted, or is expected to last, for a period of at least 12 months, and
- is not a permanent disability.

Does the patient have a persistent or prolonged disability?

☐ Yes

☐ No

If you answered "No" to questions above (i.e., "Does the patient have a permanent disability?" and "Does the patient have a persistent or prolonged disability?"), then you may bypass Parts 3-5 and **go directly to Part 6 to provide your declaration and signature**. Your patient will not be considered to have a permanent disability, or a persistent or prolonged disability, for OSAP purposes. **Before returning the form to the patient, please ensure Parts 1, 2 and 6 are complete.**

Patient first name: _____ Last name: _____

Part 3: Nature of patient's disability

Check all that apply:

☐ **Acquired Brain Injury**

☐ **Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**

☐ **Autism Spectrum Disorder**
(e.g., autism, pervasive developmental disorder)

☐ **Functional / mobility impairment**
(e.g., paraplegia, quadriplegia, muscular dystrophy, cerebral palsy, spinal cord injury, spina bifida, multiple sclerosis)

☐ **Hearing impairment**

☐ **Medical disability**
(e.g., epilepsy, chronic pain, heart condition)

☐ **Mental health disability**

☐ **Learning disability**

Note: OSAP eligibility criteria require that psycho-educational assessments must have been performed in the last 5 years or since the patient was 18. Individual Education Plans are not considered to be acceptable documentation of a learning disability for OSAP purposes.

Answer the following questions:

Has a psycho-educational assessment been performed by a registered psychologist?

☐ Yes

☐ No

If "Yes", enter the date of the most recent assessment:

Day Month Year

Was a learning disability confirmed?

☐ Yes

☐ No

☐ **Visual impairment**

☐ **Other disability not indicated above – Specify:**

_____

Patient first name: Last name:

Part 4: Mobility/movement and/or sensory impacts

Check all that apply:

☐ No mobility/movement or sensory impacts

☐ Ambulation ☐ Standing ☐ Sitting ☐ Stair climbing ☐ Lifting/carrying/reaching

☐ Grasping/gripping/dexterity ☐ Low vision (after correction) ☐ Legally blind ☐ Hearing loss

☐ Sensory impacts - Specify:

☐ Other - Specify:

Describe impact(s):

Part 5: Cognitive and/or behavioural impacts

Check all that apply:

☐ No cognitive or behavioural impacts

☐ Attention and concentration ☐ Memory ☐ Information processing (verbal and written)

☐ Stress management ☐ Organization and time management ☐ Social interactions

☐ Communication

☐ Other - Specify:

Describe impact(s):

Part 6: Declaration of physician or regulated health care professional

I certify that the information provided on this form is accurate. If I answered “Yes” to either question in Part 2, I certify that the patient identified above experiences the disability-related functional limitation(s) and/or educational barrier(s) indicated on this form.

Note: if you are completing this form electronically, use the “Fill & Sign” feature or “Digital ID” in Adobe Reader or your PDF program to add your signature.

Signature of physician or regulated health care professional:

Date:

Day Month Year