DISABILITY TAX CREDIT REQUEST

ADMIN: Place patient's chart sticker here in case this and form get separated:

Also, please ensure the first two pages are completed by the patient. If they didn't bring a form with them start it and have those first two pages completed and place in my wall slot so I can merge them into the completed portion from their provider.

What disability are you claiming this tax credit for?

Vision:

You must meet at least one of the following criteria:

1) Your visual acuity is 20/200 (6/60) or less on the Snellen Chart
2) The greatest diameter of your field of vision is 20 degrees or less

If this is your disability, when were your eyes last tested? _____

******This report will be necessary to claim***

What year did this impairment start? _____

Speaking:

Are you unable to speak, or does it take a familiar person to you, in a quiet setting, at least three times longer (even with the use of appropriate therapy, medication, and devices) to understand what you are saying than an average person even with the use of special devices, therapy and/or medication?

For example: You must require repetition when speaking in order to be understood, have difficulty with articulation, require more time for word retrieval or to respond to verbal information, experience mutism, or use sign language as their primary means of communicating.

What year did this impairment start? _____

Hearing:

An example of one who would qualify for a hearing disability would be an individual who require repetition when listening to others, have poor word discrimination, or need to read lips or use sign language to understand verbal communication.

What year did you become disabled with a hearing impaired? _____

When was your last hearing test? _____

***This report will be required for application processing.**

Walking:

To qualify it must take you at least 3 times longer (even with the use of appropriate therapy, medication, and devices) than someone of similar age without an impairment to walk.

For example: You need assistance when walking, you have a balance impairment which causes frequent falls, or walking causes significant pain or shortness of breath requiring you to take frequent breaks.

What year did this disability begin? _____

Eliminating:

To qualify you must be unable to personally manage bowel or bladder functions. It must take you three times longer (even with the use of appropriate therapy, medication, and devices) to manage your bowel or bladder emptying.

For example: You rely on enemas, wear incontinent briefs, and/or require intermittent catheterization.

What year did this disability begin? _____

Feeding:

To qualify you must be unable to feed yourself or it must take you at least three times longer (even with the use of appropriate therapy, medication, and devices) than someone of similar age without a feeding impairment.

For example: You cannot hold utensils, rely on a feeding tube, or you require assistance from someone else to prepare your meals or feed you.

What year did this disability begin? _____

Dressing:

To qualify it must take you three times longer (even with the use of appropriate therapy, medication, and devices) than someone of similar age without impairment.

For example: You have significant pain in the upper extremities, limited range of motion, or someone must dress or assist you with dressing.

What year did this disability begin? _____

Mental Functions Necessary for Everyday Life:

In order to qualify for this disability, you must lack the mental functions necessary for everyday life in one or more of the areas listed here: adaptive functioning, attention, concentration, goal setting, judgment, memory, perception of reality, problem-solving, regulating of behavior and emotions, and verbal and non-verbal comprehension. It must take you three times longer than someone of a similar age without an impairment to complete several of the above-mentioned functions necessary for everyday living.

What medical conditions do you have that affect your mental function?

_____

_____

_____

What year did this disability begin? _____

****Complete separate questionnaire with check boxes only if mental function disability**

Mental functions necessary for everyday life (continued)

5) Select the box that best describes the extent of your patient's impairment, if any, for each of the mental functions listed below, compared to someone of similar age without an impairment in mental functions necessary for everyday life.

Note: For a child, you can indicate either their current or anticipated impairment.

		No limitations	Some limitations	Severe limitations
Adaptive functioning	Adapt to change	☐	☐	☐
	Express basic needs	☐	☐	☐
	Go out into the community	☐	☐	☐
	Initiate common, simple transactions	☐	☐	☐
	Perform basic hygiene or self-care activities	☐	☐	☐
	Perform necessary, everyday tasks	☐	☐	☐
Attention	Demonstrate awareness of danger and risks to personal safety	☐	☐	☐
	Demonstrate basic impulse control	☐	☐	☐
Concentration	Focus on a simple task for any length of time	☐	☐	☐
	Absorb and retrieve information in the short-term	☐	☐	☐
Goal-setting	Make and carry out simple day-to-day plans	☐	☐	☐
	Self-direct to begin everyday tasks	☐	☐	☐
Judgment	Choose weather-appropriate clothing	☐	☐	☐
	Make decisions about their own treatment and welfare	☐	☐	☐
	Recognize risk of being taken advantage of by others	☐	☐	☐
	Understand consequences of their actions or decisions	☐	☐	☐
Memory	Remember basic personal information such as date of birth and address	☐	☐	☐
	Remember material of importance and interest to themselves	☐	☐	☐
	Remember simple instructions	☐	☐	☐
Perception of reality	Demonstrate an accurate understanding of reality	☐	☐	☐
	Distinguish reality from delusions and hallucinations	☐	☐	☐
Problem-solving	Identify everyday problems	☐	☐	☐
	Implement solutions to simple problems	☐	☐	☐
Regulation of behaviour and emotions	Behave appropriately for the situation	☐	☐	☐
	Demonstrate appropriate emotional responses for the situation	☐	☐	☐
	Regulate mood to prevent risk of harm to self or others	☐	☐	☐
Verbal and non-verbal comprehension	Understand and respond to non-verbal information or cues	☐	☐	☐
	Understand and respond to verbal information	☐	☐	☐

The Mental functions section continues on page 13.