

Ontario Bursary for Students with Disabilities (BSWD) Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE)

How It Works

You can get funding to help pay for disability-related equipment and/or services required for your education. The funding comes from the Government of Ontario through the Bursary for Students with Disabilities (BSWD) and from the Government of Canada through the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE). You'll be considered for both programs by filling out this application form.

To be eligible for the Canada program you must have a permanent disability, which is defined as a functional limitation:

- caused by a physical or mental impairment;
- that restricts your ability to perform the daily activities necessary to participate in studies at a postsecondary level or the labour force; and
- that is expected to remain with you for your whole life.

To be eligible for the Ontario program, you must have either a permanent or a temporary disability.

You must provide supporting documents to verify your disability. Documentation is usually only required once by the Ministry of Advanced Education and Skills Development (the "ministry"). However, the ministry or your school can ask for additional documentation at any time to confirm or re-establish disability status.

Steps to Follow in Completing Your Application

All services and equipment must be recommended by your physician, other regulated health care professional, or a disability advisor at your school:

- **If you're attending a publicly-assisted Ontario college or university**, make an appointment with a disability advisor at your school to discuss your disability-related educational needs and the documentation you must submit. They can also answer any questions you may have about completing your application.
- **If you're attending a private postsecondary school in Ontario or a postsecondary school outside of Ontario**, discuss your disability-related educational needs and the documentation you must submit with a disability advisor at your school, your physician, other regulated health professional, or contact the ministry for assistance at 1-877-OSAP-411 (toll free in North America) or 807-343-7260 or 1-800-465-3958 (TTY).

Begin your application process before your classes start as it may take time to get all the required documentation.

Where to Send Your Application

- **If you're attending a publicly-assisted Ontario college or university:** Your completed application form must be sent to your school's Financial Aid Office. All documentation requirements will be verified by that office. Staff at your school's Office for Students with Disabilities is available to help you to complete your application and explain your documentation requirements. They'll also work with the Financial Aid Office at your school in assessing your eligibility for funding.
- **If you're attending a private postsecondary school in Ontario or any postsecondary school outside of Ontario:** Have your school's Financial Aid Office review, sign, and send your completed application form and all documentation to:

Student Financial Assistance Branch
Ministry of Advanced Education and Skills Development
PO Box 4500, 189 Red River Road, 4th Floor
Thunder Bay, Ontario
P7B 6G9.

Application and Supporting Document Deadlines

Your completed application must be received no later than 60 days before the end of your study period. All supporting documentation must be received no later than 40 days before the end of your study period. Any approved funds can't be released to you until your school has confirmed your enrolment.

Documentation Required With Your Application

You must provide the following supporting documents (as applicable) to support your application:

☐ Verification of your disability as follows:

- **If you have a learning disability:** You must provide a psycho-educational assessment conducted by a registered psychologist or psychological associate. The assessment must have been completed either when you were at least 18 years of age or within the past five (5) years.

Otherwise:

- **If you are going to a publicly-assisted Ontario college or university:** Contact your school's Office for Students with Disabilities for instructions on what is required. They may have a disability verification form that can be used to receive academic accommodation from your school as well as for disability-related OSAP funding.
- **If you are going to a private postsecondary school in Ontario or any postsecondary school outside of Ontario:** Complete the **2017-18 OSAP Disability Verification Form**, available on the OSAP website at www.ontario.ca/osap or provide documentation from your physician or other regulated health care professional that clearly states all of the following information:
 - Your type of disability,
 - The impact of your disability(ies) your participation in postsecondary studies,
 - The permanence of your disability (temporary or permanent), and
 - Your physician or health care professional's name and contact information.

☐ A written recommendation for the services and/or equipment being requested from a disability advisor at your school and/or provided as part of the disability documentation from your physician or other regulated health care professional.

☐ Estimates for the cost of any requested service(s) (e.g., tutors, note takers), which must include the following:

- Hourly cost of each service;
- Total hours per week of each service (cannot exceed weekly in-class time);
- Total number of weeks you will be using each service;
- Which of the courses you are taking require the service; and,
- The name and contact information for the person or agency providing each service.

☐ Receipts for equipment, software, and/or a psycho-educational assessment purchased before your study period start date and/or for any other service or equipment purchased during your study period but prior to funding approval (see below for further instructions).

How Your Service and/or Equipment Costs are Considered

You may be reimbursed for the cost of the recommended disability-related equipment and software purchased no more than 60 days prior to your study period start date. Costs for psycho-educational assessments performed up to 6 months prior to your study period start date may also be reimbursed. All amounts approved are subject to caps. Also note the following:

- **Any purchases made prior to the approval of funding are at your own risk.** Reimbursement is not guaranteed. Reimbursement will only be provided if all eligibility requirements are met and you have a clearly documented need for the items purchased.
- Receipts for purchases made prior to approval of funding must be submitted with your application.
- Services and equipment eligible for reimbursement by any 3rd party (e.g., insurance) may not be considered.
- All other purchases (equipment and/or services) must be made within your study period.
- **All approved purchases MUST be made before the end of your study period.**

Documentation Required After Your Application is Approved

You must provide receipts for your approved services and/or equipment as follows:

- **Equipment and/or software receipts:** must be provided no later than 30 days after you receive your funding.
- **Services receipts:** must be provided no later than 30 days after the end of your study period. You must provide a time log of your tutoring and note taking services to accompany receipts for these items.

If receipts are not provided and/or you don't use all of the funds provided to you in your study period, you must return the un-receipted/unused funding. Failure to do so may result in you being restricted from receiving any further OSAP funding and the BSWD/CSG-PDSE.

**Ontario Bursary for Students with Disabilities (BSWD)
Canada Student Grant for Services and Equipment for
Persons with Permanent Disabilities (CSG-PDSE)**

Section A: Student Information

Social Insurance Number:

Age Group	Percentage
18-29	10%
30-39	15%
40-49	15%
50-59	25%
60-69	15%
70-79	15%
80+	25%
Don't know	10%

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

Response	Percentage
Doing a good job	55%
Not doing a good job	45%

Last name:

First name:

A horizontal number line with 15 tick marks, labeled from 1 to 15.

Date of birth:

Month Day Year

Month Day Year

Your 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:

1

City, town, or post office:

Postal code or zip code:

Day	Number of people
Monday	80
Tuesday	40
Wednesday	40
Thursday	100
Friday	40

Country:

A horizontal number line with 15 tick marks, labeled from 1 to 15.

Area code and telephone number:

Section B: Information about Your School and Program

What is the name of the school you plan to attend or are currently attending for your 2017-18 study period?

Student number at your school:

What are the start and end dates of your 2017-18 study period?

From:

To:

Month Day Year

Month Day Year

For the above study period, what type of financial aid have you applied for?

- ☐ OSAP for Full-Time Students
- ☐ OSAP for Part-Time Students
- ☐ Institution-funded Special Bursary

Section C: Equipment and/or Services

All requests must be supported by a recommendation from a disability advisor from your school or in consultation with your physician, or other regulated health care professional. You should work with them to complete this section. If you require additional space to explain the item(s) you are requesting, provide the information in a separate letter and attach it to this application. Individual costs must be provided for each item requested. Enter amounts in dollars only. Do not enter cents or use periods or commas. All amounts subjected to caps.

Assessments

- ☐ Psycho-educational Assessment \$
- ☐ Other Disability Assessment (eligible for provincial funding only) \$

Services

Estimate must be attached to this application for each service requested. Estimates for each service must include the following:

- hourly cost of each service;
- total hours per week of each service (cannot exceed weekly in-class time);
- total number of weeks you will be using each service;
- which of the courses you are taking require the service; and,
- the name and contact information for the person or agency providing each service.

- ☐ Tutor \$
- ☐ Note-Taker \$
- ☐ Academic Strategist/Coach \$
- ☐ Attendant Care for Studies \$
- ☐ Educational Assistant \$
- ☐ Specialized transportation (for students with mobility issues only) \$
- ☐ Counselling/Therapy (eligible for provincial funding only) \$
- ☐ Other - Specify: \$

Equipment

Include taxes and shipping for each type of equipment.

Computer Package (eligible for funding once every four years only)

- ☐ Desktop OR ☐ Laptop \$
- ☐ MS Office (Student Edition) \$
- ☐ Warranty \$
- ☐ Tablet (see note, below) \$

Note: You must choose either a tablet or a laptop/computer, but not both. You may be funded once every four years, but only for one of the devices. A tablet will only be approved if the documentation provided demonstrates that it performs a function(s) specific to your disability-related need that cannot be performed by another device, at a similar cost.

- ☐ External hard drive \$

Computer Accessories

<input type="checkbox"/> Printer	\$	<div></div>
<input type="checkbox"/> Scanner	\$	<div></div>
<input type="checkbox"/> External keyboard	\$	<div></div>
<input type="checkbox"/> Carrying case	\$	<div></div>
<input type="checkbox"/> Other - Specify: <div></div>	\$	<div></div>

Assistive Software

<input type="checkbox"/> Text to speech software	\$	<div></div>
<input type="checkbox"/> Voice recognition software	\$	<div></div>
<input type="checkbox"/> Screen reading software	\$	<div></div>
<input type="checkbox"/> Assistive writing software	\$	<div></div>
<input type="checkbox"/> Organizational software	\$	<div></div>
<input type="checkbox"/> Other - Specify: <div></div>	\$	<div></div>

Assistive Equipment

<input type="checkbox"/> Reading pens/accessories	\$	<div></div>
<input type="checkbox"/> Headphones	\$	<div></div>
<input type="checkbox"/> Digital recorder	\$	<div></div>
<input type="checkbox"/> Equipment repair/replacement	\$	<div></div>
<input type="checkbox"/> Ergonomic aids (eligible for provincial funding only)	\$	<div></div>
<input type="checkbox"/> Other - Specify: <div></div>	\$	<div></div>

Total Amount Requested:	\$	<div></div>
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Section D: Student Consents, Declarations and Signature

Notice of Collection and Use of Personal Information

Your personal information, including your Social Insurance Number (SIN), provided in connection with your student profile, this application and any previous applications and awards of financial assistance will be used by the Ministry of Advanced Education and Skills Development (“ministry”) to administer and finance the Bursary for Students with Disabilities (BSWD) program and by Employment and Social Development Canada (ESDC) to administer and finance the Canada Student Grant for Services and Equipment for Persons with Permanent Disabilities (CSG-PDSE) program. Your SIN will be used as a general identifier in administering the BSWD/CSG-PDSE. The ministry and ESDC may use other parties for any of these activities. Under agreement with the ministry, your postsecondary school and, where authorized by the ministry, its agents who administer OSAP and its auditors use your personal information to administer the BSWD/CSG-PDSE.

Administration includes: determining your eligibility for a BSWD/CSG-PDSE award; verifying your application and supporting documentation, including verifying financial assistance provided under any other ministry program; paying your award; verifying your award; auditing your file; assessing and collecting overpayments; enforcing the legislation set out below and your agreements with the ministry and ESDC; and monitoring and auditing your postsecondary school or its authorized agents to ensure that they are administering the programs appropriately. In addition, administration by the ministry includes public reporting on postsecondary education and training, including the administration and financing of student assistance programs; planning, delivering, evaluating and monitoring student assistance programs for quality and improvements in both content and delivery; conducting risk management, error management, audit and quality assessment activities; conducting inspections or investigations; and conducting research related to postsecondary education and training, including all aspects of the BSWD/CSG-PDSE. You may be contacted to participate in surveys related to postsecondary education and training. Financing includes: planning, arranging or providing funding of the BSWD/CSG-PDSE.

The ministry administers the BSWD under the authority of ss.5, 15 and 16 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c.M.19, as amended and s. 10.1 of the Financial Administration Act, R.S.O. 1990, c.F.12, as amended, and the CSG-PDSE under the authority of the Canada Student Financial Assistance Act, S.C. 1994, c.28, as amended, and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended and s. 266.3(4) of the Education Act. If you have any questions about the collection or use of this information, contact the Director, Student Financial Assistance Branch, Ministry of Advanced Education and Skills Development, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9, 807-343-7260.

Student's Consent to the Indirect Collection, Use and Disclosure of Personal Information (REQUIRED)

- I agree that until I provide receipts for and/or repay BSWD/CSG-PDSE funds provided to me, and until any BSWD/CSG-PDSE overpayments are assessed and repaid, the ministry can, without limitation, collect and exchange personal information about me that is relevant to the administration and financing of BSWD/CSG-PDSE with ESDC, my postsecondary school and its authorized financial administrators and auditors; the ministry's contractors, auditors or other authorized third party administrators; collection agencies operated or retained by the federal or provincial government, and consumer reporting agencies.
- I understand that I can withdraw any consent I have given in this section by writing to the Director, Student Financial Assistance Branch at the address above at any time before I accept a BSWD/CSG-PDSE award. I understand that if I withdraw my consent it will affect my eligibility for and the amount of BSWD/CSG-PDSE assistance.

Student's Declaration

- I require BSWD/CSG-PDSE funding for the cost of the disability-related services and/or equipment identified on this application, and I will not receive financial assistance from any other source to cover these costs.
- I understand that I must use the BSWD/CSG-PDSE I receive for the equipment and/or services identified on this application and that I cannot substitute for any other equipment and/or services not identified on this application.
- I agree that I will provide receipts for equipment and software no later than 30 days after being issued BSWD/CSG-PDSE funds, and I agree that I will provide receipts for services no later than 30 days after the end of my OSAP study period. I will submit these receipts to my postsecondary school's Financial Aid Office or to the ministry, as instructed in the “Where to Send Your Application” section of this application form, and will show that BSWD/CSG-PDSE funds were spent for their approved purposes.

- I agree that if I do not submit receipts, I will repay, by money order or certified cheque to my school's Financial Aid Office or to the Minister of Finance, any BSWD/CSG-PDSE funds that I have not used for the OSAP study period identified on this application. I understand that failure to do so may result in being restricted from receiving OSAP, including BSWD/CSG-PDSE funding.
- I understand that I may be required to repay all or part of the BSWD/CSG-PDSE funds if the information and any supporting documentation I provide in connection with this application is found to be inaccurate or if any information I provide changes, including my OSAP study period and/or my course load.
- I understand that information I provide in connection with this application will be verified and audited and any change resulting from verification and audit may affect my eligibility for and the amount of BSWD/CSG-PDSE funds provided to me, and that I may be required to repay all or a part of the BSWD/CSG-PDSE funds.
- I have given complete and true information on this application form and I understand that if I fail to provide complete and true information and/or fail to promptly notify my Financial Aid Office or the ministry through my account on the OSAP website or in writing of changes to any information I have provided, including my disability and the services and equipment I need, my address and/or financial, academic, family, and/or OSAP study period status; or fail to fulfil any obligations respecting the repayment of any overpayments, the ministry may restrict me from receiving OSAP, including BSWD/CSG-PDSE funding, and may take legal action and may require me to repay any assistance that I received.

I have read and understood this section, including the notice of collection, use and disclosure of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information.

Signature of Applicant:

Date:

Month		Day		Year	

Section E: Publicly Assisted Ontario College or University Approvals

Part one: Office for Students with Disabilities Approval

I hereby confirm that:

- **Verification of disability has been provided and that the status of the student's disability is:**
☐ Temporary ☐ Permanent
- **The student requires the services and/or equipment identified on this application to participate in postsecondary studies.**
- **Estimates have been provided where required and the costs indicated above are accurate.**

Name of Disabilities Office Coordinator/Counsellor:

Signature:

Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part two: Financial Aid Office Approval

I hereby confirm that the above named student:

- **Has \$1.00 of financial need under one of the programs identified in Section B of this application;**
- **Has provided all supporting documentation for this application; and**
- **Is enrolled and registered at this postsecondary school for the study period identified on this application.**

Name of Financial Aid Administrator:

Signature:

Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section F: Private or Out of Province Postsecondary School Approvals

Financial Aid Office Approval

I hereby confirm that the above named student:

- **Is enrolled and registered at this postsecondary school for the study period identified on this application.**

Name of Financial Aid Administrator:

Signature:

Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>