

Disability Tax Credit (DTC) Application

Thank-you for asking our office to complete a Disability Tax Credit (DTC) Application.

NOTE: There is a fee for completion of this application paid at the time of submission of this document.

We do not regularly ask the questions posed on the disability tax credit application and this makes completing the form difficult for us without more information from you. The Canada Revenue Agency has also informed us we must have proper documentation.

As you are asking your rheumatologist to complete this application we are only comfortable focusing on questions related to walking, feeding, dressing, and cumulative effects of significant restrictions. If you have difficulty with vision, speaking, hearing, elimination (bowel/bladder), or mental functions we would ask you to take your application to a more appropriate individual such as your family doctor or another specialist.

Your Name: _____

Date of Birth: _____

1. Walking: In order to qualify you must have significant trouble walking 90% of the time.

a. Do you have significant trouble walking at least 90% of the time? Yes No

b. Please provide an example of the difficulty in walking that you have (check a box) 90% of the time:

- I cannot walk at all
- I rely on a wheelchair outside of the home even for short distances
- I can walk but take a great deal of time because you have to stop due to pain.
- I can sometimes walk ok (but not normal) and other times when my disease flares it further interferes with my ability to walk.

Other:

c. What year did your walking problems begin: _____

2. Feeding: In order to qualify you must have significant trouble feeding yourself 90% of the time.

a. Do you have significant trouble feeding yourself at least 90% of the time? Yes No

b. Please provide an example of the difficulty in feeding yourself that you have (check a box) 90% of the time:

- I require tube feedings
- It takes me at least 3 times the normal time to prepare meals due to significant pain and decreased strength
- It takes me at least 3 times the normal time to feed myself due to significant pain and decreased strength
- Other:

c. What year did your feeding problems begin: _____

3. Dressing: In order to qualify you must have significant trouble dressing yourself at least 90% of the time.

a. Do you have significant trouble dressing at least 90% of the time? Yes No

b. Please provide an example of the difficulty in dressing that you have (check a box) 90% of the time:

- I cannot dress without help from another person every day
- It takes me at least three times more than the normal time to dress due to pain and stiffness in my joints.
- Other:

c. What year did your dressing problems begin: _____

4. Cumulative effect of significant restrictions

a. Do you have a physical impairment that has lasted or is expected to last for a continuous period of at least 12 months? Yes No

b. Even with appropriate medication, therapy, and devices (canes/walkers etc) what areas do you feel that you are significantly restricted (must choose 2 to qualify to DTC).

Walking Dressing Feeding

c. Do these restrictions (walking, dressing, feeding) exist together at least 90% of the time?

Yes No

d. Does the effect of these restrictions significantly impair your abilities on a daily basis?

Yes No

e. What year did your problems begin: _____

5. Effects of Impairment: In order to properly determine your eligibility for the Disability Tax Credit, we need you to explain the trouble you are having.

Example: Walking: I am confined to a wheelchair outside of the house but inside I can use a walker.

a. Please describe how your **walking difficulties** affect your day to day life?

b. Please describe how your **feeding difficulties** affect your day-to-day life?

c. Please describe how your **dressing difficulties** affect your day to day life?

I acknowledge that I have answered all questions to the best of my ability and the statements made on this document are true.

Signature: _____

Date: _____

Please note that it is an offence to make inaccurate or untruthful statements on this document. Doing so could affect both you and your physician.