

## Schedule 4

## Information and Instructions

If you have a documented permanent disability and are attending post-secondary studies, you may be eligible to receive more student aid. You must include medical documents with your first application.

**What is a Permanent Disability?**

A permanent disability is 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 level or labour force, and is expected to remain with the person for the person's expected natural life.

**Before applying...**

Talk with a Disability Advisor/Reviewer at your school about your educational goals and what kind of supports may already be in place at your chosen institution.

**What permanent disability student aid could I be eligible for?**

- **Canada Student Grant for Students with Permanent Disabilities:** \$2,000 per loan year to assist you with education and living costs.
- **Canada Student Grant for Services and Equipment for Students with Permanent Disabilities:** Up to \$8,000 per loan year to help you with exceptional education related costs such as assistive services or equipment.
- The Canada Student Grants program may cover up to 75% of the cost of a **Learning Assessment** (up to a maximum of \$1,200 per loan year) if the assessment confirms you have a learning disability.

**When should I apply?**

It is best to apply by early July for September study. You can apply at any time of the year but Alberta Student Aid must receive your application, including Schedule 4, at least **30 days** before this application's session end date.

**What is a reduced course load?**

Your disability may limit you from taking a full course load. If so, you can carry as little as 40% of a full course load and still apply for full-time student aid. Your Schedule 4 must be signed by an official at your school to confirm that you are taking a reduced course load. If you are studying part-time, you may also be eligible for permanent disability funding. A part-time application can be printed from [studentaid.alberta.ca](http://studentaid.alberta.ca)

**Tips for completing your Schedule 4**

- All \$ amounts must be submitted in Canadian dollars.
- If you apply for student aid online, you must still submit a paper Schedule 4.
- Attach all required documentation to your Schedule 4.
- The Disability Advisor/Reviewer at your school is required to sign Section 4 of your Schedule 4.
- If you are applying for a reduced course load, Section 3 of your Schedule 4 must be signed by an official at your school. The Disability Advisor/Reviewer at your school may also be authorized to sign this section. Check with the advisor/reviewer first for assistance and further instructions.

**Do I need to keep receipts?**

If you receive student aid for assistive services and equipment, you must submit your receipts to Alberta Student Aid by the end of your current study period to show that the student aid you received was used as intended. Write your Social Insurance Number (SIN) and your name on each receipt.

If you do not use all of the student aid, you must return the unused funds to Alberta Student Aid. Make your cheque or money order payable to Government of Alberta. If you do not send receipts or return the unused funds, you will be in an overaward situation.

## Upload or Mail Your Form

**Send documents electronically\***

1. Visit [studentaid.alberta.ca](http://studentaid.alberta.ca)
2. Sign in to your account
3. Submit securely using Upload Electronic Document(s)

\*For assistance: [eDoc Upload FAQs](#)

**Mailing Address**

Alberta Student Aid  
Attention: Disability Grants  
PO Box 28000 Stn Main  
Edmonton AB T5J 4R4

## Applicant Agreement

If I receive a disability grant for services or equipment for post-secondary students with permanent disabilities, I hereby agree to provide, by the end of my current study period, receipts which will show that the student aid was spent for its intended purposes.

Include your name and Social Insurance Number on all receipts sent in.

Applicant's Signature

Today's Date

Telephone Number (format: 999-999-9999)

X SIGN HERE

Day

Month

Year

### Information and Instructions - Continued

#### What documents do I need to include?

You must include:

- An Application for Financial Assistance available at [studentaid.alberta.ca](http://studentaid.alberta.ca)
- A Schedule 4 (submit if this is your first application or if you are requesting services and equipment)
- Proof of your permanent disability – Medical documents identifying your permanent disability and describing how it restricts your ability to participate in post-secondary studies must be submitted with your first application as a student with a permanent disability. The documents may include:
  - Copies of a medical letter,
  - A learning disability assessment, or
  - A document proving you are in receipt of federal and/or provincial disability assistance such as AISH.
- An estimate of equipment costs – If you request funding for equipment, you must provide an estimate of your equipment costs. New estimates will be required each additional time you request funding for equipment.
- Assessment fee – If an assessment confirms you have a learning disability, you may be reimbursed up to 75% of the cost of this service (up to a maximum of \$1,200 per loan year). The date of the assessment must be no earlier than six months before you start your studies. You must supply a receipt showing that you paid for this service.

**TIP:** Check with the Disability Advisor/Reviewer at your school first. They can provide information about assistive services and equipment.

### Summary of Disability Documentation Required

Type of Disability	Documentation Required
Deaf, Hearing Impaired	<ul style="list-style-type: none"> <li>• Audiologist report, or</li> <li>• Letter from a physician with an explanation of the degree of hearing loss</li> </ul>
Blind, Visually Impaired	<ul style="list-style-type: none"> <li>• Specialist report, or</li> <li>• Letter from a physician with a description of the functional limitations</li> </ul>
Learning Disability	<ul style="list-style-type: none"> <li>• Psycho-educational report from a Psychologist, or</li> <li>• Neuro-psychological report</li> </ul>
Speech	<ul style="list-style-type: none"> <li>• Speech language pathologist report</li> </ul>
Mobility/Agility Impairment	<ul style="list-style-type: none"> <li>• Specialist report, or</li> <li>• Letter from a physician with an explanation of the nature of the mobility/agility impairment (functional limitation)</li> </ul>
ADD / ADHD	<ul style="list-style-type: none"> <li>• Psychologist report, or</li> <li>• Neuro-psychological report, or</li> <li>• Letter from a psychiatrist, or</li> <li>• Letter from a physician with details about the diagnosis</li> </ul>
Psychiatric or Psychological	<ul style="list-style-type: none"> <li>• Psychologist report with a DSM diagnosis, or</li> <li>• Letter from a psychiatrist with a DSM diagnosis, or</li> <li>• Letter from a physician with details about the diagnosis including the DSM</li> </ul>
Autism, Asperger, Rett	<ul style="list-style-type: none"> <li>• Psychologist report, or</li> <li>• Letter from a physician with details about the diagnosis</li> </ul>
Brain Injury/Cognitive Impairment	<ul style="list-style-type: none"> <li>• Neuro-Psychological report, or</li> <li>• Brain injury/cognitive impairment report/assessment</li> </ul>
Other Permanent Disability such as:	<ul style="list-style-type: none"> <li>• Chronic Fatigue: a detailed letter from physician</li> <li>• Irlen Syndrome: assessment report from a certified Irlen Screener</li> </ul>

Advanced Education is collecting this personal information under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (Alberta) to determine and verify the Applicant's eligibility for financial assistance, to administer (including research, statistical analysis and evaluations) and to enforce student financial assistance programs in accordance with the *Student Financial Assistance Act* (Alberta), the *Canada Student Loans Act* and the *Canada Student Financial Assistance Act*, each as may be amended from time to time. The use and disclosure of your personal information is managed in accordance with the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions about the collection, use or disclosure of this information, call the Alberta Student Aid Service Centre toll free at 1-855-606-2096 from anywhere in North America. You can also mail your questions to Alberta Student Aid, Privacy Officer, PO Box 28000 Stn Main, Edmonton AB T5J 4R4.

**To complete a fillable form: 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.**

Applicant's Last Name  Applicant's First Name  Initials

**This schedule is complete only if all required documentation is submitted.  
Before you start, read the information on the Information and Instructions pages.**

Social Insurance Number

**You must submit a Schedule 4 if (check all that apply):**

- ☐ This is the first time you are applying as a student with a documented permanent disability, and/or
- ☐ You are requesting assistive services and equipment (*complete Sections 1, 2, and/or*
- ☐ You are enrolling in a reduced course load (*your school must complete Section 3*)

**Enter your current study period  
start and end dates for the  
2017/2018 school year.**

**Start**

Day	Month	Year

**End**

Day	Month	Year

**Learning Assessment Fee** (enter 75% of the cost up to a maximum of \$1,200)

(You must attach your receipt.)

(You must attach  
your receipt.)

## 1. Assistive Services

(Enter TOTAL amount for the current study period)

- |   |    |
|---|----|
| <input type="checkbox"/> Note Taker                             | \$ |
| <input type="checkbox"/> Tutor (with specific course knowledge) | \$ |
| <input type="checkbox"/> Academic Strategist                    | \$ |
| <input type="checkbox"/> Interpreter (Oral, Sign, CART)         | \$ |

- |  |    |
|--|----|
| <input type="checkbox"/> Educational Attendant Care<br>(while in school)         | \$ |
| <input type="checkbox"/> Specialized Transportation<br>(to and from school only) | \$ |
| <input type="checkbox"/> Other Services  | \$ |
|  | \$ |
|  | \$ |
|  | \$ |

## 2. Equipment/Assistive Technology

- Check appropriate box(es) and provide one estimate
- Enter the description and amount for the current study period

- |  |  |    |
|--|--|----|
| <input type="checkbox"/> Electronic Reading/Writing Software         |  | \$ |
| <input type="checkbox"/> Assistive Software                          |  | \$ |
| <input type="checkbox"/> Digital Recorder                            |  | \$ |
| <input type="checkbox"/> Assistive Devices for the Visually Impaired |  | \$ |

- |  |  |    |
|--|--|----|
| <input type="checkbox"/> Assistive Devices for Hearing |  | \$ |
| <input type="checkbox"/> Alternate Formats             |  | \$ |
| <input type="checkbox"/> Other Equipment               |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |
|  |  | \$ |

# Federal/Provincial Grant for Post-Secondary Students with Permanent Disabilities

Schedule 4

## For Educational Institution Use ONLY - Do Not Write in this Area

**3. Reduced Course Load** (to be completed by the Disability Advisor/Reviewer or Financial Aid Officer or Registrar ONLY if you are enrolling in between 40% to 59% of a full course load and want to be considered for full-time student aid)

What is the student's percentage of a full course load?  %

Signature of School Official

X SIGN HERE

Printed Name of School Official

Today's Date

Day Month Year

Telephone Number (format: 999-999-9999)

## For Use by Disability Advisor/Reviewer ONLY - Do Not Write in this Area

**4. Nature of Permanent Disability** (Documentation regarding the nature of permanent disability must be attached if not previously provided.) Please check appropriate box(es):

☐ Deaf, Hearing Impaired

☐ ADD/ADHD

☐ Blind, Visually Impaired

☐ Psychiatric or Psychological

☐ Learning Disability (list below)

☐ Autism, Asperger, Rett

- 
- 
- 

☐ Brain Injury/Cognitive Impairment

☐ Other Permanent Disability (see *Information and Instructions* for definition of permanent disability)

☐ Speech

☐ Mobility/Agility Impairment

TOTAL recommended services/equipment

\$

Attach documentation itemizing the assistive services and/or equipment that covers the above.

Comments

Email Address of Disability Advisor/Reviewer

Signature of Disability Advisor/Reviewer

X SIGN HERE

Name (please print)

Today's Date

Day Month Year

Direct Telephone Number (format: 999-999-9999)

Extension