

## Disability Tax Credit Questionnaire

Please note your child's doctor will determine whether the restrictions listed are sufficient to qualify for an application for Disability Tax Credit. They may or may not include all categories and examples you have provided on the final form.

Please explain how your child is affected in the following areas so your physician is able to complete your child's forms.

1) Speaking — the child is unable to speak and must rely on other means of communication, such as sign language or a symbol board, at least 90% of the time

a. Describe if your child uses any devices or therapy to help them communicate or speak (for example, voice amplifier, behavioural therapy):

b. Provide examples of the factors that limit your child's ability to speak; quantify how severe the limitation is.

(for example: they OFTEN require repetition to be understood, ALWAYS experiences MILD difficulty with articulation or pronunciation, selective mutism, they use sign language as their primary means of communicating):

2) Walking - the child is unable to walk and must rely on other means of moving at least 90% of the time

a. Describe if your child uses any devices or therapy to aid their limitation in walking (for example: wheelchair, occupational therapy):

b. Provide examples of the factors that limit your child's ability to walk; quantify how severe the limitation is.

(for example, they have severe pain in their legs, they often have moderately impaired balance, they experience shortness of breath upon mild exertion):

3) Elimination - Marked restriction means the child is unable to personally manage bowel/bladder functions despite being of an age when they should be able to do so. Example: Soils their underwear at least 90% of the time. This does not include issues being able to manage hygiene associated with elimination like wiping.

**a.** Describe if your child uses any devices or therapy to aid their limitations in bowel or bladder functions (for example, biological therapy, pelvic therapy):

**b.** Provide examples of the factors that limit your child's ability to personally manage their bowel or bladder functions (for example, they always require assistance from another person to manage bowel or bladder functions, they have chronic constipation or diarrhea, they often have soiled their underwear with stool or pee):

4) Feeding: includes the acts of feeding oneself as well as preparing food. It does not include identifying, finding, shopping for, or obtaining food.

**a.** Describe if your child uses any devices or therapy to aid their limitations in feeding themselves (for example, assistive utensils, occupational therapy):

**b.** Provide examples of the factors that limit your child's ability to feed themselves (for example, they often require assistance from another person to prepare their meals or feed themselves, their dexterity or fine motor skills are always severely impaired):

5) Dressing - Marked restriction means your child cannot dress without daily help from another person despite being of an age when they should be able to do so independently.

Example: Child cannot dress themselves at all without adult assistance at least 90% of the time.

- a. Describe if your child uses any devices or therapy to aid their limitations in dressing themselves (for example, button hook, occupational therapy):
  
  
  
  
  
  
  
  
  
  
- b. Provide examples of the factors that limit your child's ability to dress themselves (for example, they often require assistance from another person to dress themselves, they have severe pain in their arms or legs, they do not have the finger skills to do buttons or zippers, they often have moderately limited range of motion):

6) Mental functions — Marked restriction means your child needs daily support and supervision (to a marked degree beyond that expected for their age) for tasks of everyday life at least 90% of the time. Examples: Child cannot complete a basic age-appropriate transaction independently, is unable to express his/her needs or anticipate consequences of behaviour when interacting with others, is unable to remember basic information (e.g. name and address where age appropriate), is unable to solve problems, set and keep goals, make appropriate decisions and judgments in multiple areas of life at least 90% of the time.

- a. Describe any devices or therapy your child uses that aid their ability to perform mental functions necessary for everyday life (for example, memory aids, assistive technology, cognitive-behavioural therapy):

- Can your child perform daily living skills at a level expected for a child of the same age (e.g. personal hygiene, going out in the community, making a simple purchase)? If not, please give SPECIFIC examples for your child:

- Can your child express basic needs, understand simple commands in the home setting, and respond to social interactions appropriately compared to a child of the same age? If not, please give SPECIFIC examples for your child:

- Can your child make appropriate decisions and judgments in day to day situations at a level expected for their age? If not, please give SPECIFIC examples for your child:
  
- Does your child require 1-1 support to function at home and school? If so, please give SPECIFIC examples for your child:
  
- Does your child have a severe memory impairment for their age (e.g. unable to remember basic personal information like address, phone number or impaired concept of time)? If so, please give SPECIFIC examples for your child:
  
- Can your child adapt to minor changes in environment or routine? If not, please give SPECIFIC examples for your child (e.g. Do they have rigid thinking, or have to follow strict patterns/rituals that interfere with daily life?):
  
- Can your child make friends and maintain normal peer relationships? If not, please give SPECIFIC examples for your child:
  
- Does your child have normal impulse control/safety awareness compared to other children of the same age? If not, please give SPECIFIC examples for your child: