

Requests to fill out Disability Tax Credit form

Information for Families

As medical professionals caring for children, our pediatricians are often requested to fill out the disability tax credit certificate on behalf of parents for the Canada Revenue Agency (CRA). In addition to physicians, other health care professionals, including audiologists, physiotherapists, psychologists, occupational therapists, speech and language pathologists, and nurse practitioners may also fill out this form on behalf of families.

This form is an important entry point into a federal tax credit program, if your child qualifies. It is important to understand that the role of the physician is to fill out the form clearly and accurately, but ultimately it is the CRA which decides whether families qualify for the program or not. As physicians, we are not privy to the factors that the government ultimately uses to qualify a child. Clear documentation of impairment of day to day activities expected of a child, in comparison to a typical child of that age, seems to be very important.

In order to fill out this form, we do require some background information to allow us to complete it accurately. Not all of these questions will apply to every child. We request that you provide the following information to us:

- 1) Print off the form from the CRA website and fill out all of Part A before submitting the form to the office, or use the online "fillable" form, before printing.
- 2) Go through the following questions and answer those that are relevant for your child. It is important to include examples, when possible.
- 3) **Vision:** Have you been told that your child has significant visual impairment/blindness? Have they had visual testing done by an optometrist or ophthalmologist in the last 2 years? If so, by whom? How does the visual impairment affect day to day life?
- 4) **Speaking:** Does your child have significant difficulty in speaking to others? If so, how do they communicate with others? Are they followed by a speech and language pathologist? If so, please provide the most recent reports from the SLP. How does their speech difficulty affect their day to day life?

- 5) **Hearing:** have you been told that your child has a significant hearing impairment? If yes, do they use a hearing aid? Please provide a copy of their most recent hearing assessment. How does their hearing difficulty affect their day to day life?

- 6) **Walking:** Does your child have significant difficulty in walking, compared to other children their age? What aids do they require in order to walk? Do they use a walker or wheelchair at any time? How often? How far can they walk without assistance? Please include the most recent report from their physiotherapist or occupational therapist, if available.
- 7) **Bowel/Bladder function:** Can your child go pee and poo on their own? If not, what assistance do they need? Do they wear diapers during the daytime, or at night? Have they had surgery on their bowel or bladder in the past?
- 8) **Feeding:** Can your child feed themselves? If not, what help do they need? Do they require special equipment for nutrition-for example, a feeding tube? Have they had a formal swallowing assessment? If so, please send a copy of that report.
- 9) **Dressing:** Can your child dress themselves? If not, what help do they need? How does their difficulty in dressing themselves affect their day to day life?
- 10) **Mental functions:** Does your child have a significant issue with behaviour or mental functioning that significantly affects their day to day function? Please be specific, with examples. In general, problem behaviours such as attentional problems, or aggression would not qualify a child for this credit. An example of a significant behaviour issue may be a 16-year-old child with no comprehension of money, or a child with moderate to severe autism.
- 11) **Life sustaining therapy:** Does your child require a treatment or procedure that supports a vital function for life? Is this treatment required at least three times per week, for at least 14 hours per week? An example of this would be a child requiring dialysis.

***Once the pediatrician receives this information from you, they will complete the form within 1 month. Please note that there is a \$50 charge for completion of the form.**