

2006-2007 Application for an Allowance for Special Needs

Secondary-Level Adult Education, Secondary-Level Vocational Training, College and University

1088

General Information

Under the Allowance for Special Needs Program, students with a major functional disability or other recognized disability are entitled to financial assistance to purchase equipment or materials that compensate for the effects of their disability and that they must have in order to do academic work at home (i.e. a computer and peripherals, a communication aid or adaptive equipment) or to cover the cost of specialized services they need in class or transportation. In the case of specialized services, the amount allowed is based on the number of hours spent with the student and paid by the student, provided no other organization is covering the special need in question.

The term "student with a major functional disability" refers to a person whose disability significantly and persistently limits his or her ability to perform normal daily tasks and to pursue studies. The major functional disabilities are the following: severe hearing impairments, severe visual impairments and motor or organic impairments resulting in significant and persistent limitations. The other recognized disabilities are the following: language or speech impairments, paralysis of a single limb, paresis of one or more limbs and hearing capability corresponding to a hearing threshold of 25 decibels.

The Allowance for Special Needs Program is intended for full-time or part-time students in secondary-level adult education, secondary-level vocational training, college or university. "Part-time" is defined as follows: 20 or more course hours per month or what has been declared as such by the educational institution.

Certain provisions of the Loans and Bursaries Program apply to students with major functional disabilities (see the brochure entitled Student Financial Assistance).

For information on the Allowance for Special Needs Program, go to <www.afe.gouv.qc.ca/english>, click on Information and then on Other Programs.

Required Documents Required Documents

• If this is your first application for an allowance for special needs, you must attach a proof of citizenship unless you have already provided such proof with your application for financial assistance under the Loans and Bursaries Program.

| ➤ Canadian citiz | zen by birth | A copy of your birth certificate or copy of act of birth showing the first and last names of both your father and mother |
|------------------|-----------------|---|
| ➤ Naturalized C | anadian citizen | A copy of both sides of your <i>Commemoration of Canadian Citizenship</i> certificate issued by Citizenship and Immigration Canada |
| ➤ Permanent re | sident | A copy of the record of landing issued by Citizenship and Immigration Canada (IMM 1000), copy of the <i>Confirmation of Permanent Resident</i> form (IMM 5292) or copy of both sides of your permanent resident card issued by Citizenship and Immigration Canada |
| ➤ Refugee or pr | rotected person | Certificat de sélection du Québec (Québec selection certificate) issued by the Ministère de l'Immigration et des Communautés culturelles AND Notice of decision issued by the Immigration and Refugee Board or Pre-Removal Risk Assessment decision issued by Citizenship and Immigration Canada OR Protected Person Status Document issued by Citizenship and Immigration Canada |

Required Documents (cont.)

- If you have a **major functional disability** and wish to apply for an allowance for special needs, you must attach a *Medical Certificate-Major Functional Disabilities and Other Recognized Disabilities* form completed by a general practitioner or specialist. You need not resubmit this form if it has already been submitted and accepted as part of your application for financial assistance under the Loans and Bursaries Program or if this is your second or later application for an allowance and your disability and the resulting limitations have not changed.
- If you have another recognized disability and wish to apply for an allowance for special needs, you must attach a *Medical Certificate-Major Functional Disabilities and Other Recognized Disabilities* form completed by a general practitioner or specialist.
- If you have a motor or organic impairment and have not applied for an allowance for special needs since May 1, 1994, you must attach a *Medical Certificate-Major Functional Disabilities and Other Recognized Disabilities* form.
- Section 6 of this form ("Recommendation") must be completed in all cases to justify the application for an allowance for special needs.
- When applying for an allowance for special needs, you must submit:
- one estimate only if the amount concerned is lower than \$1 000 or in the case of communication aids
- three estimates from three different stores if the amount concerned is equal to or greater than \$1 000

Procedure Procedure

- · Please print.
- You must submit this form at the beginning of the first study period of each award year and enclose all required documents.
- You must wait for AFE's authorization before you purchase the equipment.
- In the case of specialized services, enclose a copy of all service contracts along with your application (for details on the information that must appear in such contracts, see the model contract). Once your application has been approved, you will receive an allowance equal to 100% of your estimated services as advance payment. At the end of the study period, you must submit all your receipts to the school administration, the office for students with disabilities or the financial assistance office at your educational institution. Any necessary adjustments will be made at this time.
- The equipment or materials must be purchased within 45 days following the receipt of the allowance (cheque). Send the paid invoice to AFE with the student's name and permanent code.
- The cheque will be made out in your name.
- For more information, contact the financial assistance office or services for disabled students at your educational institution. You can also call us at (418) 646-6006 or at 1-866-946-6006 (toll-free in Canada and the U.S.). If you are hearing-impaired, call 711 (Bell Relay Service) and ask for (418) 646-6006.
- You must send your application by fax to (418) 528-0318 or by mail to this address: 1035, rue De La Chevrotière, Québec (Québec) G1R 5A5.
- If you are not satisfied with the way in which your application was handled, you may, depending on your particular case, report a change in your circumstances, file an application with the Review Bureau or the Examination Committee for Exceptional Cases or send a complaint in writing to AFE.



Material resources

The maximum amount allowed for the purchase of a computer is \$2 000 (including a keyboard, monitor, modem, mouse and printer). The maximum amount allowed for the purchase of a portable computer is \$3 000 if the student is enrolled in a program recognized for this purpose by Aide financière aux études (AFE) and the use of a portable is a requirement in the program. No other peripherals or adaptive devices will be covered except in special cases where they are needed to compensate for the effects of the disability.

Specialized Services

The maximum number of hours which may be reimbursed for each service is equivalent to the number of course hours taken. In the case of interpretation services, two extra hours will be reimbursed for meetings with the teacher or professor. Additional hours may be reimbursed if the student can prove that they were directly related to his or her courses and necessary in order to pass the courses, given his or her disability. Additional hours must also be justified by the appropriate official at the educational institution, who must, for each service concerned, provide details on all the instances in which the service was required, give the hourly rate charged and specify the amount of time (in hours and minutes) for which the service was required. At the college level in the public sector, specialized services are provided by the educational institutions.

Transportation

- The maximum allowed is two trips per day.
- Students who use their car or car pool because public paratransit is unavailable where they live are not required to submit receipts. They will be granted the maximum weekly amount allowed under the Loans and Bursaries Program for transportation costs.
- When a student considered to be living with his or her parents claims a reimbursement for transportation costs, the student must contribute a minimum amount toward these costs. This minimum contribution will therefore be deducted from the amount claimed. If the student is allowed an amount for transportation costs under the Loans and Bursaries Program, this amount will be taken into account in determining the amount of the reimbursement. If the student is not receiving financial assistance under the Loans and Bursaries Program, he or she must nonetheless contribute toward these costs. In such cases, the amount allowed for transportation costs under this program is deducted from the amount claimed.
- Students who live outside a 50-km radius of their educational institution are strongly advised to rent a special needs room on campus or in the vicinity. A monthly maximum of \$100 is added to cover the cost of a special needs room in the case of students who move close to the educational institution when they had the option of living with their parents and using paratransit.



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Secondary-Level Adult Education, Secondary-Level Vocational Training, College and University

| | Reserved for Aide financière aux études |
|--|---|
| | |
| Have you applied or will you apply for financial assistance for 2006-2007 under the Loans and Bursaries Prog | ram? |
| Section Student Information | |
| Last name | Permanent code assigned by the Ministère |
| | |
| First name Date of birth | |
| | Sex: Male Female |
| Language of correspondence: French English | |
| Citizenship status | |
| Canadian citizen by birth Naturalized Canadian citizen Permanent resident Y M D Patrons | |
| Refugee Liling address | |
| Number Street | Direction (North, South, East or West) |
| Apartment Municipality | |
| <u> </u> | |
| Municipality (cont.) Province Postal code | Telephone (home) |
| Country | |
| | |
| Section Education | |
| Section 2 | |
| Give the dates for each situation that applies or will apply to you during the award year. | |
| I will not be studyingFrom | D Y M D T T T T T T T T T T T T T T T T T T |
| I will be studying at the secondary level in adult educationFrom | D Y M D |
| I will be studying at the secondary level in vocational training From | D Y M D |
| I will be studying at the college level From | D Y M D |
| I will be studying at the university level From | D Y M D |
| Secondary-level vocational training | |
| Attach a list of the modules taken indicating the duration of each module (in hours) and the start and end da | tes of the study period concerned. |
| Secondary-level adult education | ,, |
| Attach a letter signed by the principal giving the name and address of the school, the dates on which cours hours taken per week and the year of the program you are in. | es begin and end, the number of course |

| | Education (cont.) |
|---------|-------------------|
| Section | Education—————— |

| College or unive | arsity studios | |
|---|--|---|
| - | - | stitution, the study period concerned, the name of the program, the courses taken |
| · · · · · · · · · | _ | u must provide the information requested in the following sub-section. |
| Situation 1 | | From , , , , , to , , , , , |
| Name of the institution | | Name of your program |
| | | hours □ |
| Number of hours (colle | ege) or credits (university) for the study period | |
| Situation 2 | | From Y |
| Name of the institution | | Name of your program |
| Number of bours (coll | ago) or gradita (university) for the atualy period | hours concerned: hours |
| Number of flours (colle | ege) or credits (university) for the study period | concerned: |
| | | |
| Name of the institution | | Name of your program |
| Number of hours (colle | ege) or credits (university) for the study period | concerned: hours credits |
| | | |
| ^ C | pagial Nagada | |
| Section_ Sp | pecial Needs | |
| | | |
| Specialized serv Once your application | | ce equal to 100% of your estimated services as advance payment. At the end of the |
| | | ation, the office for students with disabilities or the financial assistance office at your |
| educational institution. cate the study period(s | | s time. (See appended model receipt.) Check the services that you require and indi- |
| Reader | s) concerned. | From |
| Note Taker | | From , , , , to , , , , |
| Transcriber | • C-NOTE | From |
| | • Shorthand | From |
| | • Shorthand | Y M D Y M D |
| ☐ Interpreter | | From to M D Y M D |
| Attendant | Academic support | From to |
| | • Hygiene | From to |
| | Mobility assistance | From to IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII |
| | tract for each service required. (See appended | I model receipt.) |
| Material resourc | | |
| | adaptive devices | |
| Have section 6 | ("Recommendation") completed. | |
| Attach: | anly if the amount concerned is layer than fit | 000 or in the case of communication side |
| | only if the amount concerned is lower than \$1 es from three different stores if the amount cor | |
| You must purch | ase the equipment or materials within 45 days | following the receipt of your allowance (cheque) and send the paid invoice to |
| AFE with your i | name and permanent code. | |

| Section Special Needs | |
|---|---|
| Material resources (cont.) | |
| Reproduction in braille (Note that reproduction does not include translatio | n, transcription or typing.) |
| ☐ on paper | |
| ☐ on diskette | |
| During the study period, send in the bills for payment. | |
| Transportation | |
| Please check the appropriate box for each study period. | V |
| ☐ Public paratransit ⁽¹⁾ | From |
| Alternatives to paratransit | V M D V M D |
| Personal vehicle | From to to W |
| ☐ Car pooling | From to to W |
| Private paratransit ⁽²⁾ or taxi ⁽²⁾⁽³⁾ | From to to M D |
| ☐ Special needs housing ⁽⁴⁾ | From to |
| 1. Attach a letter from the carrier confirming the monthly cost. | |
| or Attach a letter from the regional paratransit corporation or the appropriate aut transit and explaining why your needs cannot be met (conflicting schedules, t 3. Attach an estimate by the carrier (including the taxi licence number) indicating th tion. For each study period, attach your schedule and give the dates on which corporate and the estimated total cost for the study period. Enclose a copy of your institution. | ne educational institution is located outside the territory served, etc.). e cost of a return trip between your residence and the educational institu- urses begin and end, the number of return trips required for the study peri- |
| 4. Attach a copy of a lease, a proof of your home address and a proof of your so | econd address. |
| Section Student Consent for the Release of Personal Inc. Any information I provide in my application for an allowance for special needs and the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the personnel of the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with disabilities or its equivalent at my education in the office for students with the office | d any information related to my special needs file may be released to locational institution so that they can take the appropriate action. Date Y M D L L L L L L L L D D D D D D D D D D |
| This consent is optional and may be withdrawn at any time. Signature | ar authority.) |
| Section Student Signature | |

(If the student is unable to sign, the form must be signed by the holder of parental authority.)

| This section must be completed by the appropri | iate authority: | | | |
|---|-------------------------|--------------|----------------|---|
| Secondary-level adult education or vocational training | ng: | | | |
| hearing impairment: an audiolog | - | | | |
| visual impairment: the appropria | | centre | | |
| motor impairment: an occupationother disabilities: an occupation | | | | |
| | | | | |
| College: the administration of the educational institu | ution | | | |
| University: the person in charge of the office for stud | dents with disabilities | | | |
| A. Details | | | | _ |
| Please provide details on the needs identified in se effects of the disability or to enable the student to pur attach a separate sheet. | | | | |
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| | | | | |
| | | | | |
| B. Personal information and signature | of the appropriate a | uthority | | _ |
| Please print. | | | | |
| Last name | | Professional | licence number | |
| First name | | | Telephone | |
| Work address | | | Area code Fax | |
| | | | | |
| Profession | | | Date | |
| Signature X | | | Y M D | |

2006-2007 Application for an Allowance for Special Needs-Appendix

Service Contract

| | | Р | ermanent code assigned by the Ministère |
|--|-----------------------------------|------------------------|---|
| Service contract between | Student's name | | |
| | Student's name | | |
| and | Name and address of specialized r | esource person | |
| | | | |
| ervice | | | |
| lease check the appropriate box | | | |
| Reader | ☐ Transcriber | Attendant | |
| Note taker Interpreter | ☐ C-NOTE ☐ Shorthand | └─ Acader └─ Hygien | mic support |
| | _ Shorthand | | y assistance |
| Study period | ALL 2006 WINTER 200 | 7 SUMMER 20 | 007 |
| check one box only) | From I I I I | D Y 1 to 1 1 | M D |
| | From | | |
| Course number | Number of hours | Hourly rate | Total (\$) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ignatures | | | |
| natures | | | Date |
| tudent signature X | | | Y M D |
| | | | |
| gnature of specialized resource | person X | | |



| At the end of the study period, you must subr tance office at your educational institution. An | , , | · | dents with disabilities or the fin- | ancial assis- |
|---|----------------|-------------------|-------------------------------------|---------------|
| You may copy this receipt and use it each tir | | | n. | |
| | | | Permanent code assigned by | the Ministère |
| Received from | Student's name | | | |
| the sum of Amount | for | Services reno | idered | |
| Study period (check one box only): | ☐ FALL 2006 | ☐ WINTER 2007 ☐ S | SUMMER 2007 | |
| Period covered by the receipt from | M D | to Y M D | Number of hours | |
| Signatures Signatures | | | | |
| Student signature X | | | Date Y | M D |
| Signature of the specialized resource person | <u> X</u> | | | |
| Signature of the appropriate authority at the (School principal or person responsible for the | _ | | office) | |