

2006-2007 Application for an Allowance for Special Needs

Preschool, Elementary and Secondary Education (Youth Sector)

1117



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).

The term "student with a major functional disability" refers to a student 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 at the preschool (age 5 on October 1), elementary or secondary (youth sector) levels. "Part-time" is defined as follows: 20 or more course hours per month.

The maximum amount allowed for the purchase of a computer is \$2 000 (including a keyboard, monitor, modem, mouse and printer). 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.

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 the first application for an allowance for special needs, you must attach a proof of the student's citizenship.

➤ Canadian citizen by birth	A copy of the birth certificate or copy of act of birth showing the first and last names of both the father and mother
➤ Naturalized Canadian citizen	A copy of both sides of the student's <i>Commemoration of Canadian Citizenship</i> certificate issued by Citizenship and Immigration Canada
➤ Permanent resident	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 the permanent resident card issued by Citizenship and Immigration Canada
➤ Refugee or protected 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.)

- Section 6 of this form ("Recommendation") must be completed in all cases to justify an application for the purchase of devices or equipment.
- Section 7 of this form ("Medical Attestation") must be completed in all cases to justify a functional disability. It is not required for subsequent applications if there has been no change in the student's condition.
- 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 wait for Aide financière aux études' (AFE's) authorization before you purchase the equipment.
- •The cheque will be made out to the student.
- 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.
- For more information, you may contact 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 the 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 file an application with the Review Bureau or send a complaint in writing to AFE.



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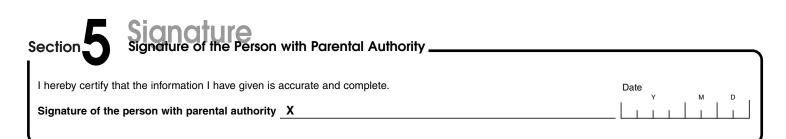
Preschool, Elementary and Secondary Education (Youth Sector)

			Reserved for Aide financière aux études
T Chudon	I le forme estion		
ection Student Inform	t Information		
Last name		I	Permanent code assigned by the Ministère
First name	Dat	te of birth	
			Sex: Male Female
Language of correspondence :	rench English		
Citizenship status			
Canadian citizen by birth	Naturalized Canadian citizen	Effective date when permane or refugee status was obtain	
	☐ Permanent resident☐ Refugee	Y M D	
Mailing address			
Number Street			Direction (North, South, East or West)
			(1001), 6041, 2410 1 1039
Apartment Municipality			
Municipality (cont.)	Province	Postal code	Telephone (home)
			Area code
Country			
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ection Figure Education	ation		
ection Education			
Specify the period during which the	student will attend preschool, elementary		
		From	D Y M D
	sipal of the student's school, giving the scho	, , , , , , , , , , , , , , , , , , , ,	ites on which courses begin and end and
	student is taking per week. The principal mi		
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Section 3 Special Needs Special Needs

• Send the paid invoice to AFE with the student's name and permanent code.

Jeci	on Special Needs
	Equipment or materials
	Have section 6, "Recommendation," completed.
	• Attach:
	- one estimate if the amount concerned is less than \$1 000 or if it is for the purchase of communication aids
	 three estimates from three different retailers if the amount concerned is equal to or greater than \$1 000
	• 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.
	CD-ROMs (Only students with a severe visual impairment may receive an allowance for CD-ROMs.)
	• Attach a letter from the principal confirming that the student needs CD-ROMs in order to be able to pursue his or her studies.
	Attach a recommendation from a low-vision centre.
	• Equipment or materials must be purchased within 45 days following the receipt of the allowance (cheque).





This section must be completed by an occupational therapist, speech therapist or audiologist. A. Details Please provide details on the needs identified in section 3 and explain how the use of the devices or equipment is essential to compensate for the effects of the disability or to enable the student to pursue his or her studies (please provide details for each item recommended). If you need more space, please attach a separate sheet. Please print. B. Personal information and signature of the occupational therapist, speech therapist or audiologist Please print. Last name: Professional licence number: First name: Telephone: Work address: Fax: Date Signature X

Paralysis of a single limb

This section must be completed by a general practitioner or a specialist. The student for whom this form is completed is applying for financial assistance under the Allowance for Special Needs Program. The Allowance for Special Needs Program allows students with a major functional disability or other recognized disability to obtain, under certain conditions, financial assistance to purchase equipment or materials that compensate for the effects of their disability and that they must have in order to pursue their studies. Since this medical attestation will have financial implications for the student concerned, it is important to complete all sections and give full and precise answers. This will enable AFE to take an informed and fair decision with regards to the student. A. Recognition of a major functional disability_____ What type of major functional disability does the student have? (Please check the appropriate box.) Severe visual impairment: visual acuity in each eye, after correction Severe hearing impairment: the ear with the greater hearing capabilby means of appropriate ophtalmic lenses, excluding special optical ity is affected by a hearing deficiency evaluated, according to 1992 systems and additions greater than 4.00 dioptres, is not more than Standard S3.21 of the American National Standard Institute, to be an 6/21, or the field of vision in each eye is less than 60 degrees in the average of at least 70 decibels, in aerial conduction, on any of the 500, 180-degree and 90-degree meridians and, in either case, the person is 1 000 or 2 000 Hertzian frequencies. You must provide a recent audiounable to read, write or move about in an unfamiliar environment. gram. (Students with a severe visual impairment must provide an attestation issued by a low-vision centre, a CNIB card or any other document Organic impairment: disorder or abnormality in the internal organs attesting to their blindness.) forming part of the cardiorespiratory, gastrointestinal or endocrine systems (this category includes disorders or abnormalities of the cardio-Motor impairment: loss, malformation or abnormality in the skeletal, vascular and respiratory systems, such as cystic fibrosis). muscular or neurological systems responsible for body motion. B. Recognition of another disability_____ What type of disability does the student have? (Please check the appropriate box.) Language or speech impairment Paresis of one or more limbs

Hearing capability corresponding to a hearing threshold of 25 decibels.

You must provide a recent audiogram.

Section Medical Attestation (Cont.)
Medical Attestation-Major Functional Disabilities

C. Diagnosis		
Please print.		Y M D
1. Diagnosis		
3. The disability is		4. Does the condition of the student with a major functional disability make full-time studies impossible?
	ional disability results in significant and pe	ersistent limitations in the student's ability
Explain:		
D. Personal information of	and signature of the general pr	ractitioner or specialist
Last name:		Medical licence number:
- .		Area code
First name:		Telephone:
Address of medical office:		_
Address of medical office:		Signature X
Address of medical office:		