

Registered Disability Savings Plans (RDSPs)

Take advantage of this lucrative long-term savings program.

A **Registered Disability Savings Plan (RDSP)** is a long-term savings plan for people with disabilities. This type of plan assists persons with disabilities as well as parents and others in planning for the long-term financial security for themselves or for a family member with a disability.

Requirements for opening an RDSP:

To open an RDSP, individuals must meet the following requirements:

- Must have a Social Insurance Number (SIN)
- Qualifies for the Disability Tax Credit (DTC)
- Is a Canadian resident
- Is 59 years old or younger
- Beneficiaries can only receive the Canada Disability Savings Grant and/or Bond up until the end of the year they turn 49

Benefits of having an RDSP:

- The beneficiary could receive the Canada Disability Savings Grant and/or Bond up until the end of the year they turn 49 years old (the Government of Canada may contribute up to \$90,000 in grants and bonds);
- The beneficiary could receive up to 10 years of unused Canada Disability Savings Grant and/or Bond amounts;
- RDSP contributions do not affect any Nova Scotia provincial income assistance amounts.

Basic Steps in the RDSP Process:

1. Apply for the Disability Tax Credit (DTC)
2. Open an RDSP
3. Make Contributions
4. Withdraw Contributions



Want to learn more about RDSPs or need help opening one? Contact:



Independent Living Nova Scotia

www.ilns.ca

kaitlyn@ilns.ca

1 (902) 453-0004 or 1-877-310-4567 (toll-free)



Society of Deaf and Hard of Hearing Nova Scotians

www.sdhhs.org

sdhhs@ns.sympatico.ca

1 (902) 422-7130 (voice/tty)

Your Guide to Opening a Registered Disability Savings Plan:

**A Step-by-Step Information Booklet for Persons
with Disabilities looking to Gain Financial
Literacy Skills and Independence**



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Definitions

Disability Tax Credit (DTC): this is a non-refundable tax credit that lessens the amount of income tax a person with a severe and long-term disability may have to pay.

Registered Disability Savings Plan (RDSP): a long-term savings plan for persons who qualify for the Disability Tax Credit.

Canada Disability Savings Grant (CDSG): this is a matching grant given by the Government of Canada. Depending on your family income and the amount of money you put into your RDSP, the Government will provide up to \$3,500 each year with a lifetime amount of \$70,000. You can only receive this Grant until the end of the year in which you turn 49 years old.

Canada Disability Savings Bond (CDSB): this Bond is provided by the Government to low-income and moderate-income persons and families. With this bond, individuals do **not** need to contribute any money into their RDSP. You can only receive this Bond until the end of the year in which you turn 49 years old.

Assistance Holdback Amount (AHA): the assistance holdback amount is the total amount of Grant and Bond that has been paid into an RDSP within a 10-year period before a particular event. Specific events could include: the termination of the RDSP, the beneficiary no longer being eligible for the DTC, the death of the beneficiary, a withdrawal of funds from the RDSP. Part of or all of the Assistance Holdback Amount may have to be paid back to the Government under certain circumstances.

RDSP Holder: the RDSP plan holder is the person who opens the RDSP and makes or authorizes contributions on behalf of the beneficiary.

RDSP Beneficiary: the RDSP beneficiary is the person with a disability who will use the RDSP funds.

Qualifying Family Member (QFM): this is a temporary measure where qualifying family members (can be parents, spouses or common law partners) can be holders for an adult who is not able to look after their own affairs.

Disability Assistance Payments (DAPs): these are payments made from an RDSP to the beneficiary or his/her estate for a specific one-time purpose. A DAP is made up of RDSP contributions, earnings from the RDSP and the Grant and Bond.

Lifetime Disability Assistance Payments (LDAPs): these are payments that once they begin to be paid, are payable at least annually to the beneficiary until he/she dies or until the RDSP is terminated. LDAPs are made up of RDSP contributions, earnings to the RDSP, and the Grant and Bond.

Specified Disability Savings Plan (SDSP): is used to give a beneficiary who has a shortened life expectancy access to their RDSP savings without paying back Grant and or Bond savings.

Introduction

In 2008, the Government of Canada introduced the Registered Disability Savings Plan (RDSP), a long-term savings plan for persons with disabilities who qualify for the Disability Tax Credit (DTC). There are several benefits to opening an RDSP:

1. RDSP beneficiaries could receive the Canada Disability Savings Grant and Bond up until the end of the year they turn 49 years old (see definitions)
2. The Government will also provide unused Grant and/or Bond amounts for up to 10 years prior to you opening an RDSP as long as you also qualified for the DTC during the ten years preceding.
3. RDSP contributions and/or Grant and Bond amounts will **not** affect any Nova Scotia provincial income assistance amounts a beneficiary receives.

An RDSP can be opened for anyone who is 59 years old or younger and who matches the following requirements:

- Has a Social Insurance Number (SIN)
- Has qualified for the Disability Tax Credit
- Is a Canadian resident

Furthermore, there are different rules on who can open or be the RDSP holder:

- If the beneficiary is 18 years old or older and is able to look after themselves then they are the RDSP holder
- If the beneficiary is 18 years old or older and is not able to look after their own affairs then the RDSP holder is the person, organization or entity that is chosen in a court of law
- There is also a temporary measure called the Qualifying Family Member (QFM); qualifying family members (either parents, spouses or common law partners) can be holders for an adult who is not able to look after their own affairs.
- If the beneficiary is younger than 18 years old then the RDSP holder must be a legal parent, or an individual or organization who is legally responsible for the beneficiary

This step-by-step guide will help you or your loved one gain financial security and future independence through this beneficial program. Independent Living Nova Scotia (ILNS) and the Society for Deaf and

Hard of Hearing Nova Scotians (SDHHNS) can also help you open an RDSP. If you would like help or to set up an appointment, please contact us:

Kaitlyn Phillips
ILNS
(902) 453-0004 or 1-877-310-4567 (toll-free in Nova Scotia)
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Step 1: Apply for the Disability Tax Credit

If you have already qualified for the Disability Tax Credit, SKIP this step and move on to Step 2 on page 6.

To open an RDSP, individuals **must** qualify for the Disability Tax Credit (DTC). To qualify for the DTC, please complete these steps:

1. Click on the following link to fill out a short questionnaire to see if you qualify for the DTC:
<https://bit.ly/2yn7mn3>
2. You, your guardian or a legal representative then need to fill out **Part A** of the DTC Certificate (Form T2201.)
3. Create a list with as much information about **how** your disability affects and/or limits you on a daily basis. Provide this list to the medical professional who is filling out **Part B** of the DTC Certificate.
4. **Part B** of the application needs to be filled out by one of the medical professionals listed below:
 - Medical doctor
 - Nurse Practitioner
 - Optometrist
 - Audiologist
 - Occupational therapist
 - Physiotherapist
 - Psychologist
 - Speech-language pathologist

You may be required to **pay** for any costs linked with the medical professional filling out this form. If you receive funding from Employment Support and Income Assistance (ESIA) or the Disability Support Program, check with them to see if they pay for such costs.

5. Once the DTC Certificate is completed, make a copy of it for your records and send the original DTC form to the Canada Revenue Agency (CRA) at the following address:

Sudbury Tax Centre
Post Office Box 20000

Station A
Sudbury, ON, P3A 5C1

You can also submit the DTC Certificate online through CRA's My Account for Individuals:

<https://bit.ly/2hFI3tv>

If you believe there is any other information the CRA might need, include it with the DTC Certificate. It will take a few weeks or months to process the DTC application.

6. If the CRA requires more information, they will contact you or the medical professional who filled out Part B of the DTC Certificate (Form T2201).
7. Once the CRA reviews the application, you will receive a **notice of assessment** approving you for the DTC or not. If you are approved, the notice will tell you when you have to re-apply for the DTC. If you are not approved, the notice will explain why not.
8. If you are not approved for the DTC, you can either appeal the CRA's decision or what is usually easier to do is to re-apply for the DTC.

Step 2: Opening a Registered Disability Savings Plan

Now that you are approved for the DTC, you can open an RDSP by following these steps:

1. Make an appointment with your local bank to open an RDSP. Make sure there is a representative there who knows how to do this.
2. If there is no one who knows how to open an RDSP you can either call one of the following toll-free numbers to set up an RDSP **or** make a bank appointment and dial the appropriate toll-free phone number so both you and the bank representative can go through the process together.

ATB Securities Inc.	1-888-282-3863
Bank of Montreal (BMO)	1-800-665-7700
Bank of Nova Scotia	1-877-929-4499
Central One Credit Union /	1-800-661-6813, Ext. 5358
Trust Company	
Community Trust Company	1-800-268-1576
CIBC Securities Inc.	1-800-465-3863, Ext. 2

Desjardins Trust	1-877-286-3420, Option 1
Investors Group	1-888-746-6344
Mackenzie Financial	1-800-387-0614, Option 3
National Bank Direct Brokerage	1-800-363-3511
The RBC Royal Bank	1-800-668-3663
TD Canada Trust /	1-800-465-5463, Option 3
TD Waterhouse	

3. To receive the Canada Disability Savings Grant (CDSG) and/or Canada Disability Savings Bond (CDSG), your bank must fill out the Canada Disability Savings Grant and Bond Application; your bank representative will submit the appropriate information to the Government.

Step 3: Making Contributions

Once you set up your RDSP, you can start contributing to your RDSP. Here are some guidelines to follow when putting money into your RDSP:

1. You can put as much money into your RDSP as you want to, as long as the private contribution amount is no more than \$200,000; Private contributions include: regular contributions, rollover contributions from a Registered Retirement Savings Plan (RRSP) or Registered Education Savings Plan (RESP). This amount does not include Grant or Bond amounts or earnings.
2. To receive the maximum amount of Grant and/or Bond money you **must** file your taxes every year. If you do not file your taxes, you cannot receive any Bond money and you will only be able to receive \$1,000 of the Grant money instead of the full \$3,500. This is important because the Government decides how much Grant and/or Bond money you will receive based on your **personal income** or your **family income** if you are under 18 years old.

The Government also decides how much Grant and/or Bond money you are entitled to receive based on income tax returns you filed **two years** ago.

3. If you want to receive unused Grant and/or Bond money from the past 10 years, then you would have needed to file income tax returns for the past 12 years.

The Canada Disability Savings Grant is a matching grant the Government pays into your RDSP. To receive this Grant, you **must** contribute to your RDSP. You can receive up to \$3,500 per year with this Grant and up to \$70,000 over your lifetime. Please see below how much you could receive based on your family income as well as your RDSP contributions:

Family Income	Contributions	Canada Disability Savings Grant	Annual Maximum Amount
\$95,259 or less	On the first \$500	\$3 for every \$1 contributed	\$1,500
	On the next \$1,000	\$2 for every \$1 contributed	\$2,000
Greater than \$95,259 (or if there is no income tax return)	On the first \$1,000	\$1 for every \$1 contributed	\$1,000

The Government also has the Canada Disability Savings Bond for **low-income** and **moderate-income** persons and families. You do not need to make any contributions to your RDSP to receive this Bond. The Government decides how much you will receive based on the following:

Family Income	Annual Canada Disability Savings Bond	Lifetime Limit
\$31,120 or less	\$1,000	\$20,000
Between \$31,120 and \$47,630	The beneficiary will receive less than \$1,000; the Bond amount will be adjusted based on income	\$20,000
More than \$47,630	No bond is paid	Not applicable

If an RDSP is opened for a beneficiary who is under the age of 18, then the Canada Disability Savings Grant and/or Bond Application form needs to be filled out twice, once before the beneficiary turns 18 then again when the beneficiary turns 18. If an RDSP is opened after the beneficiary turns 18, then the application only needs to be completed once to receive Grant and/or Bond money; your bank will work with the Government, so the Grant and/or Bond amounts go directly into your RDSP.

If you receive any Grant and/or Bond money from the Government, there needs to be an Assistance Holdback Amount (AHA) of all Grant and/or Bond money you receive within a 10-

year period. The Assistance Holdback Amount might need to be repaid to the Government of Canada if the following situations happen:

- If the RDSP is closed
- Death of the beneficiary
- Beneficiary becomes unqualified for the Disability Tax Credit
- If the beneficiary takes out a Disability Assistance Payment and/or a Lifetime Disability Assistance Payment before they turn 60 years old.

Step 4: Making Withdrawals

Finally, it is time to begin making withdrawals from your RDSP. It is important to note that RDSP withdrawals are overseen by the Income Tax Act (ITA). As mentioned in the definitions portion of this guide, RDSP beneficiaries are allowed to make two types of withdrawals:

- Disability Assistance Payments (DAPs) are one-time withdrawals that will be used for a specific disability-related cost
- Lifetime Disability Assistance Payments are regular withdrawals that must be provided to the beneficiary at least once a year. Beneficiaries must begin receiving LDAPs by the end of the year they turn 60, but they can start sooner. Furthermore, beneficiaries must receive LDAPs until there is no more money in the RDSP or if the beneficiary dies.

There are some rules when withdrawing money from your RDSP:

1. If you receive the Grant and/or Bond, you cannot use your RDSP savings right away. If you use contributions, you will need to pay part of or all of the Grant and/or Bond money you received within the past **ten years** back to the Government; the Grant and/or Bond amount from the 10-year period is part of the Assistance Holdback Amount.
2. If you don't receive the Grant and/or Bond, you can use RDSP contributions at any time.

Specified Disability Savings Plans

If an RDSP beneficiary has a shortened life expectancy, then they will be able to change their RDSP to a Specified Disability Savings Plan (SDSP). With a Specified Disability Savings Plan, you are able to use your RDSP contributions before you turn 60 **if** a medical doctor or nurse practitioner says you have five years to live or less, however you must give your bank the following:

- a. A letter from your doctor or nurse practitioner telling your bank you have five years to live or less.

- b. Your own written request that your RDSP be changed to a Specified Disability Savings Plan (SDSP).

Once your bank tells the Government, your RDSP will become an SDSP and you can use this money without paying back any Grant and/or Bond money as long as the total taxable amount withdrawn from the account for one year is \$10,000 or less.

Additional Resources

Disability-Related Information 2017: Tax measures for persons with disabilities – this document provides information for different tax credits available to persons with disabilities along with more information on the Disability Tax Credit (DTC).

<https://www.canada.ca/content/dam/cra-arc/formspubs/pub/rc4064/rc4064-17e.pdf>

Registered Disability Savings Plan – this resource provides information on RDSPs, the Canada Disability Saving Grant and Bond, what portion of RDSP savings are taxable and much more.

<https://bit.ly/2z6eFB9>

Disability Tax Credit Self-Assessment Eligibility Questionnaire – if you are unsure whether you are eligible for the Disability Tax Credit, you can take the following questionnaire to find out.

<https://bit.ly/2yn7mn3>



Disability Tax Credit Certificate

Use this form to apply for the disability tax credit (DTC). The Canada Revenue Agency (CRA) will use this information to make a decision on eligibility for the DTC. See the "General information" on page 6 for more information.

Step 1 – Fill out and sign the sections of Part A that apply to you.

Step 2 – Ask a medical practitioner to fill out and certify Part B.

Step 3 – Send the form to the CRA.

Part A – To be filled out by the taxpayer

Section 1 – Information about the person with the disability

First name and initial	Last name	Social insurance number
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Mailing address (Apt No. – Street No. Street name, PO Box, RR)

City	Province or territory	Postal code	Date of birth:	Year	Month	Day
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Section 2 – Information about the person claiming the disability amount (if different from above)

First name and initial	Last name	Social insurance number
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The person with the disability is: ☐ my spouse/common-law partner ☐ my dependant (specify): _____

Answer the following questions for **all** of the years that you are claiming the disability amount for the person with the disability.

1. Does the person with the disability live with you? Yes ☐ No ☐

If **yes**, for which year(s)? _____

2. If you answered **no** to Question 1, does the person with the disability regularly and consistently depend on you for one or more of the basic necessities of life such as food, shelter, or clothing? Yes ☐ No ☐

If **yes**, for which year(s)? _____

Give details about the **regular** and **consistent** support you provide for food, shelter or clothing to the person with the disability (if you need more space, attach a separate sheet of paper). We may ask you to provide receipts or other documents to support your request.

Section 3 – Adjust your income tax and benefit return

Once eligibility is approved, the CRA can adjust your returns for all applicable years to include the disability amount for **yourself** or your **dependant under the age of 18**. For more information, see Guide RC4064, *Disability-Related Information*.

☐ Yes, I want the CRA to adjust my returns, if possible. ☐ No, I do not want an adjustment.

Section 4 – Authorization

As the **person with the disability** or their **legal representative**, I authorize the following actions:

- Medical practitioner(s) can give information to the CRA from their medical records or discuss the information on this form.
- The CRA can adjust my returns, as applicable, if the "Yes" box has been ticked in section 3.

Sign here: _____	Telephone	Year	Month	Day
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Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at canada.ca/cra-info-source, Personal Information Bank CRA PPU 218.

Patient's name: _____

Part B – Must be filled out by the medical practitioner**Step 1** – Fill out **only** the section(s) on pages 2 to 4 that apply to your patient. Each category states which medical practitioner(s) can certify the information in this part.**Note**

Whether filling out this form for a child or an adult, assess your patient compared to someone of similar age with no impairment.

Step 2 – Fill out the "Effects of impairment", "Duration", and "Certification" sections on page 5. If more information is needed, the Canada Revenue Agency (CRA) may contact you.Eligibility for the DTC is based on the effects of the impairment, not on the medical condition itself. For definitions and examples of impairments that may qualify for the DTC, see Guide RC4064, *Disability-Related Information*. For more information, go to canada.ca/disability-tax-credit.**Vision** – Medical doctor, nurse practitioner, or optometristYour patient is considered **blind** if, even with the use of corrective lenses or medication:

- the visual acuity in **both** eyes is 20/200 (6/60) or less, with the Snellen Chart (or an equivalent); or
- the greatest diameter of the field of vision in **both** eyes is 20 degrees or less.

1. Is your patient **blind**, as described above?Yes ☐ No ☐If **yes**, when did your patient become blind (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?

Year

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2. What is your patient's visual acuity **after correction**?

Right eye Left eye

Right eye Left eye

3. What is your patient's visual field **after correction** (in degrees if possible)?**Speaking** – Medical doctor, nurse practitioner, or speech-language pathologistYour patient is considered **markedly restricted** in speaking if, even with appropriate therapy, medication, and devices:

- they are **unable** or take an **inordinate amount of time** to speak so as to be understood by another person familiar with the patient, in a quiet setting; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Is your patient **markedly restricted** in speaking, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in speaking become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?

Year

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Hearing – Medical doctor, nurse practitioner, or audiologistYour patient is considered **markedly restricted** in hearing if, even with appropriate devices:

- they are **unable** or take an **inordinate amount of time** to hear so as to understand another person familiar with the patient, in a quiet setting; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Is your patient **markedly restricted** in hearing, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in hearing become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?

Year

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Walking – Medical doctor, nurse practitioner, occupational therapist, or physiotherapistYour patient is considered **markedly restricted** in walking if, even with appropriate therapy, medication, and devices:

- they are **unable** or take an **inordinate amount of time** to walk; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Is your patient **markedly restricted** in walking, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in walking become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?

Year

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Patient's name: _____

Eliminating (bowel or bladder functions) – Medical doctor or nurse practitionerYour patient is considered **markedly restricted** in eliminating if, even with appropriate therapy, medication, and devices:

- they are **unable** or take an **inordinate amount of time** to personally manage bowel or bladder functions; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Is your patient **markedly restricted** in eliminating, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in eliminating become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?Year
|_|_|_|_|**Feeding** – Medical doctor, nurse practitioner, or occupational therapistYour patient is considered **markedly restricted** in feeding if, even with appropriate therapy, medication, and devices:

- they are **unable** or take an **inordinate amount of time** to feed themselves; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Feeding yourself **does not** include identifying, finding, shopping for, or obtaining food.Feeding yourself **does** include preparing food, **except** when the time spent is related to a dietary restriction or regime, even when the restriction or regime is needed due to an illness or medical condition.Is your patient **markedly restricted** in feeding, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in feeding become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?Year
|_|_|_|_|**Dressing** – Medical doctor, nurse practitioner, or occupational therapistYour patient is considered **markedly restricted** in dressing if, even with appropriate therapy, medication, and devices:

- they are **unable** or take an **inordinate amount of time** to dress themselves; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Dressing yourself **does not** include identifying, finding, shopping for, or obtaining clothing.Is your patient **markedly restricted** in dressing, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in dressing become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?Year
|_|_|_|_|**Mental functions necessary for everyday life** – Medical doctor, nurse practitioner, or psychologistYour patient is considered **markedly restricted** in performing the mental functions necessary for everyday life (described below) if, even with appropriate therapy, medication, and devices (for example, memory aids and adaptive aids):

- they are **unable** or take an **inordinate amount of time** to perform these functions by themselves; and
- this is the case **all or substantially all of the time** (at least 90% of the time).

Mental functions necessary for everyday life include:

- adaptive functioning (for example, abilities related to self-care, health and safety, abilities to initiate and respond to social interactions, and common, simple transactions);
- memory (for example, the ability to remember simple instructions, basic personal information such as name and address, or material of importance and interest); and
- problem-solving, goal-setting, **and** judgment taken together (for example, the ability to solve problems, set and keep goals, and make the appropriate decisions and judgments).

Note

A restriction in problem-solving, goal-setting, or judgment that markedly restricts adaptive functioning, all or substantially all of the time (at least 90% of the time), would qualify.

Is your patient **markedly restricted** in performing the mental functions necessary for everyday life, as described above?Yes ☐ No ☐If **yes**, when did your patient's restriction in performing the mental functions necessary for everyday life become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?Year
|_|_|_|_|

Patient's name: _____

Life-sustaining therapy – Medical doctor or nurse practitionerLife-sustaining therapy for your patient must meet **both** of the following criteria:

- your patient needs this therapy to support a vital function, even if this therapy has eased the symptoms; and
- your patient needs this therapy at least 3 times per week, for an average of at least 14 hours per week.

The 14-hour per week requirement**Include only** the time your patient must dedicate to the therapy – that is, the patient has to take time away from normal, everyday activities to receive it.If a child cannot do the activities related to the therapy because of their age, **include** the time spent by the child's primary caregivers to do and supervise these activities.**Do not include** the time a portable or implanted device takes to deliver the therapy, the time spent on activities related to dietary restrictions or regimes (such as carbohydrate calculation) or exercising (even when these activities are a factor in determining the daily dosage of medication), travel time to receive therapy, medical appointments (other than appointments where the therapy is received), shopping for medication, or recuperation after therapy.

1. Does your patient need this therapy **to support a vital function**? Yes ☐ No ☐
2. Does your patient need this therapy at least **3 times per week**? Yes ☐ No ☐
3. Does this therapy take an average of at least **14 hours per week**? Yes ☐ No ☐

If **yes**, when did your patient's therapy begin to meet the above criteria (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?

Year

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It is **mandatory** that you describe how the therapy meets the criteria as stated above. If you need more space, use a separate sheet of paper, sign it and attach it to this form.

Cumulative effect of significant restrictions – Medical doctor, nurse practitioner, or occupational therapist**Note: An occupational therapist can only certify limitations for walking, feeding and dressing.**Answer **all** the following questions to certify the cumulative effect of your patient's significant restrictions.

1. Even with appropriate therapy, medication, and devices, does your patient have a **significant restriction**, that is not quite a **marked restriction**, in **two** or more basic activities of daily living or in **vision** and **one** or more of the basic activities of daily living? Yes ☐ No ☐

If **yes**, tick at least **two** of the following, as they apply to your patient.

- | | | | |
|---|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> vision | <input type="checkbox"/> speaking | <input type="checkbox"/> hearing | <input type="checkbox"/> walking |
| <input type="checkbox"/> eliminating (bowel or bladder functions) | <input type="checkbox"/> feeding | <input type="checkbox"/> dressing | <input type="checkbox"/> mental functions necessary for everyday life |

NoteYou **cannot** include the time spent on life-sustaining therapy.

2. Do these restrictions exist together, **all or substantially all of the time** (at least 90% of the time)? Yes ☐ No ☐
3. Is the cumulative effect of these significant restrictions equivalent to being **markedly restricted** in **one** basic activity of daily living? Yes ☐ No ☐
4. When did the cumulative effect described above begin (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?

Year

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Patient's name: _____

Effects of impairment – Mandatory

The effects of your patient's impairment must be those which, even with therapy and the use of appropriate devices and medication, cause your patient to be restricted **all or substantially all of the time** (at least 90% of the time).

Note

Working, housekeeping, managing a bank account, and social or recreational activities are **not** considered basic activities of daily living. Basic activities of daily living are limited to walking, speaking, hearing, dressing, feeding, eliminating (bowel or bladder functions), and mental functions necessary for everyday life.

It is **mandatory** that you describe the effects of your patient's impairment on his or her ability to do **each** of the basic activities of daily living that you indicated are or were markedly or significantly restricted. If you need more space, use a separate sheet of paper, sign it and attach it to this form. You may include copies of medical reports, diagnostic tests, and any other medical information, if needed.

Duration – Mandatory

Has your patient's impairment lasted, or is it expected to last, for a continuous period of at least 12 months?
For deceased patients, was the impairment expected to last for a continuous period of at least 12 months?

Yes ☐ No ☐

If **yes**, has the impairment improved, or is it likely to improve, to such an extent that the patient would no longer be blind, markedly restricted, in need of life-sustaining therapy, or have the equivalent of a marked restriction due to the cumulative effect of significant restrictions?

Unsure ☐ Yes ☐ No ☐

If **yes**, enter the year that the improvement occurred or may be expected to occur.

Year

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Certification – Mandatory

1. For which year(s) have you been the attending medical practitioner for your patient?

2. Do you have medical information on file supporting the restriction(s) for all the year(s) you certified on this form?

Yes ☐ No ☐**Tick the box that applies to you:**

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Medical doctor | <input type="checkbox"/> Nurse practitioner | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Speech-language pathologist |

As a **medical practitioner**, I certify that the information given in Part B of this form is correct and complete. I understand that this information will be used by the CRA to make a decision if my patient is eligible for the DTC.

Sign here: _____

It is a serious offence to make a false statement.

Name (print)

Address

Date:	Year	Month	Day	Telephone

General information

What is the DTC?

The disability tax credit (DTC) is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce the amount of income tax they may have to pay. The disability amount may be claimed once the person with a disability is eligible for the DTC. This amount includes a supplement for persons under 18 years of age at the end of the year. Being eligible for this credit may open the door to other programs.

For more information, go to canada.ca/disability-tax-credit or see Guide RC4064, *Disability-Related Information*.

Are you eligible?

You are eligible for the DTC only if we approve your application. On this form, a medical practitioner has to indicate and certify that you have a severe and prolonged impairment and must describe its effects.

To find out if you **may be eligible** for the DTC, fill out the self-assessment questionnaire in Guide RC4064, *Disability-Related Information*. If we have already told you that you are eligible, do not send another form unless the previous period of approval has ended or if we tell you that we need one. **You should tell us if your medical condition improves.**

If you receive Canada Pension Plan or Quebec Pension Plan disability benefits, workers' compensation benefits, or other types of disability or insurance benefits, it **does not** necessarily mean you are eligible for the DTC. These programs have other purposes and different criteria, such as an individual's inability to work.

You can send the form at any time during the year. By sending your form before you file your income tax and benefit return, you may prevent a delay in your assessment. We will review your form before we assess your return. Keep a copy for your records.

Fees – You are responsible for any fees that the medical practitioner charges to fill out this form or to give us more information. However, you may be able to claim these fees as medical expenses on line 330 or line 331 of your income tax and benefit return.

What happens after you send Form T2201?

After we receive Form T2201, we will review your application. We will then send you a notice of determination to inform you of our decision. Our decision is based on the information given by the medical practitioner. If your application is denied, we will explain why on the notice of determination. For more information, see Guide RC4064, *Disability-Related Information*, or go to canada.ca/disability-tax-credit.

Where do you send this form?

Send your form to the Disability Tax Credit Unit of your tax centre. Use the chart below to get the address.

If your tax services office is located in:	Send your correspondence to the following address:
Alberta, British Columbia, Hamilton, Kitchener/Waterloo, London, Manitoba, Northwest Territories, Regina, Saskatoon, Thunder Bay, Windsor, or Yukon	Winnipeg Tax Centre 66 Stapon Road Winnipeg MB R3C 3M2
Barrie, Belleville, Kingston, Montréal, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Ottawa, Outaouais, Peterborough, St. Catharines, Prince Edward Island, Sherbrooke, Sudbury, Toronto Centre, Toronto East, Toronto North, or Toronto West	Sudbury Tax Centre Post Office Box 20000, Station A Sudbury ON P3A 5C1
Chicoutimi, Laval, Montérégie-Rive-Sud, Québec, Rimouski, Rouyn-Noranda, or Trois-Rivières	Jonquière Tax Centre 2251 René-Lévesque Blvd Jonquière QC G7S 5J2
Deemed residents, non-residents, and new or returning residents of Canada	Sudbury Tax Centre Post Office Box 20000, Station A Sudbury ON P3A 5C1 CANADA or Winnipeg Tax Centre 66 Stapon Road Winnipeg MB R3C 3M2 CANADA

What if you need help?

If you need more information after reading this form, go to canada.ca/disability-tax-credit or call **1-800-959-8281**.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms or call **1-800-959-8281**.

Financial Institutions Contact List

If your local bank does not have a representative who can help you open an RDSP, either call the appropriate number below to set up an RDSP **or** make an appointment at your bank, dial the appropriate number and set up an RDSP; with this option, more bank representatives will learn how to open an RDSP and will be able to help other clients.

ATB Securities Inc.	1-888-282-3863
Bank of Montreal (BMO)	1-800-665-7700
Bank of Nova Scotia	1-877-929-4499
Central One Credit Union / Trust Company	1-800-661-6813, Ext. 5358
Community Trust Company	1-800-268-1576
CIBC Securities Inc.	1-800-465-3863, Ext. 2
Desjardins Trust	1-877-286-3420, Option 1
Investors Group	1-888-746-6344
Mackenzie Financial	1-800-387-0614, Option 3
National Bank Direct Brokerage	1-800-363-3511
The RBC Royal Bank	1-800-668-3663
TD Canada Trust / TD Waterhouse	1-800-465-5463, Option 3

