

## Disability Tax Credit Questionnaire

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

- Speaking – Marked restriction means 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.

Please provide examples of how your child is restricted in speaking to this degree:

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- 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: Incontinent of bladder functions at least 90% of the time. This does not include issues being able to manage hygiene associated with elimination like wiping.

Please provide examples of how your child is restricted in elimination to this degree:

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- ❑ 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.

Please provide examples of how your child is restricted in dressing to this degree:

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- ❑ 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 (eg 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

Please provide detailed examples of how your child is restricted in mental functions in multiple daily situations over 90% of the time to this degree:

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Additional specific examples of Mental Functions:

Can your child perform daily living skills at a level expected for a child of the same age (eg personal hygiene, going out in the community, making a simple purchase)?

If not, please give SPECIFIC examples for your child:

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Can your child express basic needs, process basic oral information 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:

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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:

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Does your child require 1-1 support to function at home and school?

If so, please give SPECIFIC examples for your child:

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Does your child have a severe memory impairment (eg unable to remember basic personal information like address, phone number or impaired concept of time)?

If so, please give SPECIFIC examples for your child:

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Can your child adapt to minor changes in environment or routine?

If not, please give SPECIFIC examples for your child (eg Do they have rigid thinking, or have to follow strict patterns/rituals that interfere with daily life?):

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Can your child form age appropriate social connections and peer relationships?

If not, please give SPECIFIC examples for your child:

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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:

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