

**REPAYMENT ASSISTANCE PLAN FOR BORROWERS WITH A PERMANENT DISABILITY
(RAP-PD) - EXPENSES FORM****INSTRUCTIONS: Please print clearly - sign and complete the 2 pages of this form.****SECTION 1 - WHAT ARE PERMANENT DISABILITY RELATED EXPENSES**

The Repayment Assistance Plan for Borrowers with a Permanent Disability (RAP-PD) considers expenses that a borrower may have that are directly related to their permanent disability. These permanent disability related expenses (DREs) may have an impact on your eligibility for RAP-PD or on the amount of your RAP revised monthly payment. Please use this form to provide information about any such DREs. DREs must only include expenses that are not covered by an insurance plan, or a private or publicly funded program (e.g. Provincial Disability Support Program). In addition, DREs must correspond to each applicable month of income you provided in your on-line or paper application for RAP-PD.

The following are some examples of DREs that could be related to your permanent disability:

- Essential medical, dental, hearing, optical, and other expenses such as chiropractic care, registered massage therapy or psychological/psychiatric care that is directly related to your permanent disability. We require documentary proof that these DREs were prescribed by a Canadian physician or nurse practitioner.
- DREs directly related to accommodation of your permanent disability, such as learning disability expenses, readers, assistive devices and technology.
- Home or automobile modifications required to accommodate your permanent disability (not cosmetic or regular maintenance).

For the purpose of properly assessing your incurred DREs, the Canada Student Loans Program (CSLP) requires the following:

1. Documentary proof of insurance coverage that highlights the portion that is not paid or reimbursed by the insurance plan, or a privately or publicly funded program.
2. Documentary proof that the payment(s) in the form of a receipt or statement of account that prove the DREs occurred during each applicable month of income you provided in your on-line or paper application for RAP-PD.
3. A statement briefly describing the nature of your permanent disability.
4. Documentary proof that treatments you are claiming (e.g. registered massage therapy, acupuncture) were prescribed by a Canadian physician or nurse practitioner.

SECTION 2 - APPLICANT INFORMATION

Last Name		First Name		Initials
Date of birth (yyyy/mm/dd)	Social Insurance Number (S.I.N.)		Do you reside in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing address (street number and name)				Apt. No.
City	Province	Postal Code	Primary Telephone Number	

SECTION 3 - PERMANENT DISABILITY RELATED EXPENSES INFORMATION

How are the DREs related to your permanent disability?

Please fill in the total amount that you have spent on the uninsured or unfunded portion of your DREs below.

* In order for the CSLP to assess your DREs, you must attach proof of your expenses in the form of receipts.

Prescription Drugs	\$
Other Expenses	\$
Total	\$

Do you have insurance coverage, or coverage through a private or Publicly funded program?☐ No ☐ Yes

* If yes, you must include proof of your coverage, such as receipts that clearly show the portion covered.

SECTION 4 – APPLICANT'S SIGNATURE AND PROTECTION OF PERSONAL INFORMATION

I certify that all information I have provided is complete and true and understand that it is an offence to make a false or misleading claim and/or statement. I authorize the federal government, the provincial/territorial government(s), the National Student Loans Service Centre, consumer credit grantor(s), credit bureau(s), credit reporting agency(ies), any person or business with whom I have or may have had financial dealings and my Financial Institution(s) to directly or indirectly collect, retain, use and exchange among themselves any personal information related to this application for the purposes of carrying out their duties under the Federal Act(s) and Regulation(s) and/or the applicable Provincial Act(s) and Regulation(s) relating to student financial assistance including for administration, enforcement, debt collection, audit, verification, research and evaluation purposes. If I entered into any agreements under the *Canada Student Loan Act* or the *Canada Student Financial Assistance Act*, or associated provincial loan programs, or signed any promissory notes while I was a minor, I hereby ratify those agreements and notes.

The personal information collected on this form is administered by the *Privacy Act* and the *Department of Employment and Social Development Act* once received by ESDC. Personal information and other information included in this form will be kept in Personal Information Bank "ESDC PPU 030" of Employment and Social Development Canada. You have the right to access your personal information. Should you wish to exercise that right, you may submit a request pursuant to the *Privacy Act*. Instructions for obtaining a copy of your personal information are available in the publication *Info Source*. You can get a copy of *Info Source* at Service Canada Centres or by calling 1-800 O-Canada (1-800-622-6232). You may also view the information electronically on the Internet at <http://infosource.gc.ca/>.

LANGUES OFFICIELLES: Ce formulaire est disponible dans la langue officielle de votre choix.

Applicant's Signature _____

Application Date _____

(yyyy/mm/dd)

SECTION 5 – RECONSIDERATION OF OTHER EXPENSES (Optional)

In the event that I have submitted an expense that is not considered to be directly related to my permanent disability, I am consenting to allow:

- The expense(s) to be reviewed to determine if it qualifies as an exceptional expense(s) to be deducted from my gross income amount, under the CSLP's reconsideration process and
- **I understand that expenses such as credit card debt, student lines of credit, monthly utility costs, or expenses associated with commuting and childcare may not qualify as extraordinary, exceptional and/or unforeseen costs.**

Exceptional Expenses

Exceptional expenses are those that result from unforeseen and unavoidable circumstances beyond the control of the Applicant and, if applicable, the Applicant's spouse or common-law partner, and include expenses that are not covered by an insurance plan, or a private or publicly funded program (e.g. Provincial Disability Support Program). Here are some common examples of exceptional expenses that can be included under the CSLP's reconsideration process:

- Expenses related to the care of a wholly dependent person (elderly or infirmed relative), as recognized by Canada Revenue Agency (CRA)
- Childcare and/or attendant expenses related to the care of a dependent child who has a disability
- Exceptional expenses related to marital breakdown (includes a common law spouse)
- Funeral Expenses
- Legal fees due to exceptional circumstances
- Emergency home repairs (not cosmetic or regular maintenance)
- Essential medical, dental or optical expenses (expenses deemed necessary to maintain a person's medical, dental and/or optical health, these do not have to be directly related to the Applicant's permanent disability and may be incurred for an Applicant or any of the Applicant's direct family members.)

Applicant's Signature _____

Application Date _____

(yyyy/mm/dd)