

	Program	Disability Support Program
	Subject	General Eligibility Requirements
Effective Date: October 1, 2001		Authorized by: Carol Anne Duffy
Revised Date: March 31, 2015		Deputy Minister

1.0 PURPOSE

1.1 To identify eligibility requirements for persons who apply to the Disability Support Program.

2.0 DEFINITION

2.1 **Applicant:** a person who applies for disability supports or on whose behalf an application is made.

2.2 **Disability supports:** adult disability supports, child disability supports or employment and vocational supports.

2.3 **Person with a disability:** a person is a person with a disability if:

- the person has a substantial physical, intellectual or neurological impairment that is continuous or recurrent and is expected to last for at least one year; and
- the direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community, or function in a workplace results in a substantial restriction in one or more of these activities of daily living.

2.4 **Resident:** a person who is legally entitled to remain in Canada and maintains his or her primary residence in Prince Edward Island. Persons who are members of the Canadian Armed Forces and students who are ordinarily residents outside Prince Edward Island are non-residents.

3.0 POLICY STATEMENT

3.1 A person is eligible for the Disability Support Program if the person:

- is a person with a disability;
- is a resident of Prince Edward Island; and
- is under 65 years of age on the day an application for disability supports for the

person is submitted.

- 3.2 If a person with a disability has a substantial intellectual impairment, the person's intelligence quotient (IQ) must be at or below a score of 70 to be eligible for disability supports. A learning disability is not a substantial intellectual impairment because average or above average intellectual functioning is required for a learning disability.
- 3.3 A person is eligible for employment and vocational supports if the person:
 - is legally entitled to work in Canada;
 - is 16 years of age or older and attending secondary school, or has not attended a secondary or post-secondary school for at least one year; and
 - has a substantial restriction to gainful employment resulting from his or her disability.
- 3.4 A child in the legal custody and guardianship of the Director of Child Protection, pursuant to the *Child Protection Act*, is not eligible to receive disability supports.
- 3.5 A person who has been admitted to or resides in a nursing home or community care facility is not eligible for disability supports.
- 3.6 A person who is sentenced to a correctional facility for more than 30 consecutive days is not eligible for disability supports until released from the correctional facility.
- 3.7 A person who is admitted to a hospital for more than 30 consecutive days is not eligible for disability supports until discharged from the hospital.
- 3.8 Disability supports may only be provided to an eligible person for the purpose of meeting an unmet need that is directly related to the eligible person's disability. Determination of unmet needs shall occur during an eligible person's needs assessment (see *DSP Determination of Level of Unmet Needs Policy*).

4.0 PROCEDURE STATEMENT

- 4.1 Upon an inquiry about the eligibility criteria for disability supports, an Administrative Support Worker shall provide eligibility information to the person making the inquiry. The Administrative Support Worker shall document the inquiry and maintain a record of the inquiry.
- 4.2 The Administrative Support Worker may also advise about other programs and community resources that may be available.
- 4.3 If the person making the inquiry wishes to complete an application for disability supports, the Administrative Support Worker shall send a Disability Support Program Application Form to the mail or email address provided by the person.

- 4.4 A completed application form may be submitted to any of the Disability Support Program offices listed on the application form.
- 4.5 Where there is more than one applicant in a family unit, a separate application form must be submitted for each applicant.
- 4.6 The applicant may be requested to provide additional information for the purpose of considering the application.

5.0 REFERENCES

Disability Support Program, Determination of Level of Unmet Needs Policy

Child Protection Act R.S.P.E.I., 1988, Cap. C-5.1

Attachment: Disability Support Program Application Form

HISTORY:

March 31, 2015: Established formal application process. Editorial and format changes. |



Disability Support Program

Applying to the Disability Support Program

Step 1: This application may be completed by the person with the disability or a parent/guardian.

Step 2: Submit the completed application to one of the Disability Support Program offices listed below.

Step 3: Once the application is received, a Disability Support Case Worker will contact you to discuss your application. If you meet the general eligibility requirements, you will be scheduled for an appointment. The following documentation will be required at the time of your appointment:

- Notice of Assessment from the previous tax year for applicant;
- Notice of Assessment of the applicant's spouse, if applicable;
- Confirmation of private health insurance coverage, if applicable;
- Medical documentation to confirm diagnosis.

To submit completed applications or for general inquiries please contact a Disability Support Program office in your area.

Charlottetown

161 St. Peters Road PO Box 2000
Charlottetown, PE C1A 7N8
Phone: 902-368-5996
Fax: 902-368-6443

Summerside

120 Heather Moyse Drive
Summerside, PE C1N 5L2
Phone: 902-432-2740
Fax: 902-888-8398

Montague

41 Wood Islands Road PO Box 1500
Montague, PE C0A 1R0
Phone: 902-368-5996
Fax: 902-838-0727

Souris

15 Green Street PO Box 550
Souris, PE C0A 2B0
Phone: 902-368-5996
Fax: 902-687-7100

O'Leary

45 East Drive PO Box 8
O'Leary, PE C0B 1V0
Phone: 902-859-8824
Fax: 902-859-8780



Disability Support Program Application Form

Applicant Information

Name of Applicant: _____
Last name _____ Given names _____

Birthdate (YY/MM/DD) ____/____/____ Provincial Health Number: _____

Address of Primary Residence: _____ Mailing Address (if different): _____
Street/Civic: _____ Address: _____
City/Town: _____ City/Town: _____
Postal Code: _____ Postal Code: _____

Home Phone: _____ Fax: _____ Email: _____

If application is completed by someone other than the person with a disability:

Contact Name: _____
Relationship: _____
Address (if different from above): _____
Street/Civic _____ City/Town: _____
Postal Code: _____
Home Phone: _____ Fax: _____ Email: _____

Disability Information

Diagnosis: _____ Date of Diagnosis: _____
Comments (optional):

Note: Medical documentation will be required to be submitted during the assessment of unmet needs.

I hereby apply for disability supports and declare that this information is accurate to the best of my knowledge.

Signature of applicant:

Date:

If applicable:

I hereby apply for disability supports on behalf of the applicant and declare that this information is accurate to the best of my knowledge.

Signature of parent/guardian or agent (if applicable):

Date:

Personal information on this form is collected under section 31 of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c.F-15.01 and the *Provincial Health Number Act* R.S.P.E.I. 1988, P-27.01, as it relates directly to and is necessary for the provision of the Disability Support Program. If you have any questions about this collection of personal information you may contact the Department of Community Services and Seniors at (902) 368-6369.