

# Persons with Disabilities Designation & Application

## Category Overview

The Persons with Disabilities (PWD) Designation category provides information about eligibility criteria for the PWD designation, and PWD designation review requirements in exceptional circumstances:

Detailed information is available by clicking on the Designation Application topic within the Persons with Disabilities Designation Category (left hand menu).

## Resources

### Quick Links

- [BC Home](#)
- [BC Laws](#)
- [Ministries & Organizations](#)
- [Ministry of Social Development and Social Innovation](#)

### Rate Tables

- [All Rate Tables](#)



# Designation Application

## Overview

The BC Employment and Assistance Program for Persons with Disabilities provides disability assistance and supplements to provide greater independence for people with disabilities, including security of income, enhanced well-being, and participation in the community.

To be eligible for disability assistance, a person must meet the criteria for the Persons with Disabilities (PWD) designation and be designated as such by the ministry. PWD is not a permanent designation and the ministry has the authority to rescind an individual's designation in exceptional circumstances.

## Policy

Expand All | Collapse

All

### Eligibility

Effective: September 1, 2016

The purpose of a *Person with Disabilities (PWD)* designation is for individuals to access assistance or programs under the *Employment and Assistance for Persons with Disabilities (EAPWD) Act*. A person may be designated as a Person with Disabilities (PWD) if they have reached 18 years of age and have a severe mental (including a mental disorder) or physical impairment that meets all of the following criteria:

- in the opinion of a *medical practitioner* or *nurse practitioner*, the impairment is likely to continue for at least two years
- in the opinion of a *prescribed professional*, the impairment directly and significantly restricts the person's ability to perform *daily living activities* either continuously or periodically for extended periods
- as a result of those restrictions, the person requires an *assistive device*, the significant help or supervision of another person, or the services of an assistance animal to perform daily living activities

A person may also be designated as a PWD if they have reached 18 years of age and are confirmed to be a member of a prescribed class in accordance with section 2.1 of the EAPWD regulation. [see Policy – Persons with Disabilities - Prescribed Class].

Recipients retain the PWD designation whether or not they continue to be financially eligible for disability assistance. They are not required to apply for the designation on reapplication for assistance.

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for disability assistance in BC, applicants must be granted designation under the *EAPWD Act* through the ministry.

### **Persons with Disabilities Designation - Prescribed Class**

Effective: September 1, 2016

The *EAPWD Act* permits the ministry to designate someone as a *Person with Disabilities (PWD)*, without going through the standard application process, if the person has already been approved for another prescribed government program or benefit.

The EAPWD regulation prescribes the classes of people who will be able to use this more streamlined process to become designated as a PWD. Those classes are:

1. People enrolled in BC PharmaCare Plan P (Palliative Care Benefits);
2. People who have been determined by the Ministry of Children and Family Development to be eligible for the At Home Program – Medical Benefits and Respite (a program which assists family with the costs of caring for a severely disabled child);
3. People who have been determined by Community Living British Columbia to be eligible to receive its support and services (Developmental Disability or Personal Supports Initiative); and
4. People determined as disabled by the Government of Canada and eligible for the Canada Pension Plan Disability Benefit.

A person applying under a prescribed class must complete the Persons with Disabilities Designation Application – Prescribed Class Form (HR3642) [see Forms and Letters]. By submitting this application form, the applicant provides consent to the ministry to verify their eligibility as a member of a prescribed class directly with the specified agency. If the ministry is unable to confirm a person's eligibility under a prescribed class directly with the specified agency, the applicant may be asked for written documentation to assist with verification.

A PWD Designation Application – Prescribed Class (HR3642) is provided only to new applicants or recipients of income assistance who intend to apply for disability assistance who have identified themselves as a member of one of the prescribed classes.

People applying for PWD designation as a member of a prescribed class must still meet all other eligibility requirements (identification, financial, residency, etc.) to be found eligible for disability assistance.

[For more information on policy and procedures to apply for assistance, see Policy - Persons with Disabilities Designation Application (HR2883) and Related Links – BCEA Application Stage 1 – Prospecting and Stage 2 – Eligibility Interview.]

### **Persons with Disabilities Designation Application (HR2883)**

Effective: September 1, 2016

The Persons with Disabilities (PWD) Designation Application (HR2883) is used to collect information pertaining to the applicant's disability that will allow the ministry to make evidence-based decisions consistent with legislation. [For a sample HR2883, see Additional Resources.] The PWD Designation Application (HR2883) has three-parts:

- Section 1 is client information to be completed by the applicant
- ~~Section 2 is a Medical Report to be completed by either a medical practitioner or nurse practitioner~~
- Section 3 is an Assessor Report to be completed by a medical practitioner, nurse practitioner or other *prescribed professional*

A PWD Designation Application (HR2883) is provided only to new applicants or recipients of income assistance who intend to apply for disability assistance.

**Note:** The ministry does not have the legislative authority to consider an application for the PWD designation for purposes other than the provision of assistance and programs under the *Employment and Assistance for Persons with Disabilities Act*. Applicants who want to apply for the PWD Designation to access other programs or benefits should not be provided with a PWD Designation Application (HR2883) unless they also intend to apply for disability assistance. Collection of personal information in the absence of any intention to apply for assistance under the Act would not be authorized under the *Freedom of Information and Protection of Privacy Act*.

A PWD Designation Application (HR2883) should only be provided where the applicant is financially eligible (meets the income and asset test) or is likely to be financially eligible within 6 months of the date the application is requested, including those who are in the process of transferring assets into a trust or Registered Disability Savings Plan (RDSP) [see Policy - Trusts and RDSPs].

If the eligible client or applicant has assets in excess of the PWD limit, the client/applicant must be informed of the trusts program and RDSP exemption and referred to the Disability Assistance and Trust booklet and the Trust Query Submission Guidelines for Clients. Ministry staff cannot provide legal or investment advice to applicants or clients. [see Additional Resources] [For further information on Trusts and RDSPs, see Related Links – Trusts and Assets and Exemptions.]

If an applicant meets the eligibility criteria for income assistance under the *Employment and Assistance Act*, with the exception that their assets are tested at the PWD level (including assets over the PWD level in the process of being transferred into a trust or RDSP), the applicant may receive income assistance while they are completing their application and awaiting the outcome of their application for PWD designation. While an applicant is not required to be determined eligible for income assistance before being provided the PWD designation application form, the applicant must first complete the intake process, sign the HR0080 and have an open case (whether in pay or not) before a PWD application can be adjudicated by Health Assistance Branch.

**Example 1:** An applicant is applying for disability assistance but has assets over the PWD limit that the applicant is transferring into a non-discretionary trust. The applicant may be provided a PWD application and may be eligible for income assistance while completing the PWD application and while the trust is being reviewed by the ministry. If the client is denied the PWD designation, the non-discretionary trust will be considered an asset and the client will not be eligible for further assistance while their assets are over the income assistance limit.

**Example 2:** An applicant is applying for disability assistance but has assets over the PWD limit. ~~The applicant does not intend to transfer the excess assets into a trust or RDSP.~~ The applicant may not be provided a PWD application until such a time as his or her assets are likely to be under the PWD asset limit within 6 months.

A decision to refuse to provide a PWD Designation Application (HR2883) may be reconsidered.

Applicants may start the Persons with Disabilities (PWD) designation application process six months prior to their 18<sup>th</sup> birthday to ensure they can be adjudicated for the designation prior to requiring assistance. [For detailed information, see Policy and Procedures – 17-Year-Old Applicants.]

[For more information, see Procedures – Application Process for the Persons with Disabilities Designation.]

[For a table explaining when to provide a PWD Designation Application, please see Additional Resources – Provision of PWD Application Form.]

### **Trusts or RDSPs**

Effective: July 20, 2011

Eligible clients who receive assets that they intend to transfer into a trust or Registered Disability Savings Plan (RDSP), or who have a trust that has not yet been reviewed by the ministry, will be provided a PWD application. For clients applying for PWD designation who have a valid trust or who are transferring assets into trust, in making the decision whether a PWD application is to be provided, it is to be presumed that the trust will provide an exemption for the assets held there. The client should be provided a PWD application if the client meets all of the following requirements:

- The client intends to apply for disability assistance
- The client is likely to be financially eligible (within six months of the date the application is requested) taking into account the presumption that the asset is or will be in a valid trust and will be exempt

The PWD designation decision must be made in response to the client's application, and will ultimately take into account the ministry's review of the trust to determine the validity of the trust and whether exempt.

If the eligible client or applicant has assets in excess of the PWD limit, the client/applicant must be informed of the trusts program and RDSP exemption and referred to the Disability Assistance and Trust booklet and the Trust Query Submission Guidelines for Clients. [see Additional Resources] Ministry staff cannot provide legal or investment advice to applicants or clients.

[For further information on trusts, please see Related Link – Trusts.]

### **Receiving Income Assistance while Waiting for PWD Designation**

Effective: July 20, 2011

Persons who intend to apply for the Persons with Disabilities (PWD) designation and who are in need of financial support may receive income assistance and retain their assets at the higher limits (including assets over the PWD level in the process of being transferred into a trust or Registered Disability Savings Plan) applicable to recipients of disability assistance, until the outcome of their PWD Designation Application. To qualify for income assistance, these applicants are required to meet all eligibility criteria under the Employment and Assistance (EA) Regulation, with the exception that their assets are to be tested at the higher limits allowed to recipients of disability assistance as noted above.

Both clients and applicants are expected to make every effort to collect the information necessary to determine their medical condition and to return the completed PWD Designation Application within a reasonable period of time of approximately three months after receiving a PWD Designation Application.

Clients or applicants who are denied the PWD designation and have either delivered a Request for Reconsideration to the ministry or submitted a Notice of Appeal to the Tribunal, continue to have their assets tested at the asset levels set out under the EA Regulation sections 11(2.1) – (2.3) and 13(2), while awaiting the outcome of the reconsideration or appeal, as applicable.

Clients who are found ineligible for the PWD designation are not required to repay income assistance already received, but can retain assets only at or below the asset limits under the EA Regulation.

[see Related Links – Assets and Exemptions – Asset Limits for Persons Applying for PWD Designation]

### **17-Year-Old Applicants**

Effective: September 1, 2016

A person must meet the PWD designation criteria and financial eligibility criteria under the *EAPWD Act*, and must be 18 years of age, to receive disability assistance.

Children with disabilities who are likely to be financially eligible for disability assistance when they turn 18, may begin the application process up to six months prior to their 18th birthday. Starting the application process early will allow children with disabilities sufficient time to schedule appointments with *medical practitioners* and *prescribed professionals*, and to have their PWD application completed and adjudicated so they can start receiving disability assistance as soon as they turn 18.

[For instructions for 17-year-old applicants, see Procedures - Application Process for the Persons with Disabilities Designation.]

[For more information on procedures to apply for assistance see Related Links – BCEA Application Stage 1 – Prospecting and Stage 2 – Eligibility Interview.]

### **17-Year-Old Applicants: Youth with an Intellectual Disability**

Effective: September 1, 2016

**Note:** Youth with an Intellectual Disability who are eligible to receive services and supports from either Community Living British Columbia or the Ministry of Children and Family Development's At Home Program can apply for the *Person with Disabilities (PWD) designation* as a member of a prescribed class. [See Policy and Procedures - Persons with Disabilities Designation - Prescribed Class].

For individuals who do not meet the prescribed class criteria, specific PWD designation procedures and a consent form have been developed for 17-year-old youth diagnosed with an Intellectual Disability (Intellectual Developmental Disorder) to streamline their transition to disability assistance with the ministry.

Youth with a diagnosis of an Intellectual Disability (or their parent/guardian) may consent to the sharing of relevant portions of their psychological assessments (or psycho-education reports) in order to determine PWD designation eligibility, as an alternative to completing a PWD Designation Application (HR2883).

If the psychological assessment information submitted does not contain sufficient information to confirm eligibility, the Youth Consent form (HR3183) also gives permission for the ministry to request copies of the client's psychological assessments or psycho-education reports from the applicant's School District or, where appropriate, the Ministry for Children and Family Development.

[For instructions, see Procedures –17-Year-Old Applicants: Youth with an Intellectual Disability.]

### **18-Year-Old Child Services Clients**

Effective: March 23, 2015



Youth with special needs receive programs and services through the Ministry of Children and Family Development until they are 19 years of age. These individuals may delay applying for PWD designation while they are still eligible for those services.

These youth may apply for a PWD designation within 6 months of their 19<sup>th</sup> birthday. Starting the application process at that time will allow youth with disabilities sufficient time to schedule appointments with medical practitioners and *prescribed professionals*, and to have their PWD application completed and adjudicated so they can start receiving disability assistance when they turn 19, if determined eligible.

Youth who are:

- In government care (under the care of the Ministry of Children and Family Development),
- approved for PWD designation prior to their 19<sup>th</sup> birthday, and
- eligible for disability assistance as of their 19<sup>th</sup> birthday

are eligible to receive the shelter allowance for the full month in which they turn 19, as calculated in Schedule A for any rent owing, and the support allowance pro-rated from the day they turned 19 to the end of that month.

Any payments made by the Ministry of Children and Family Development for service up to the day the person turned 19 are exempt when calculating assistance.

### **Disability Assistance and Supplements**

Effective: July 8, 2013

PWD status is effective the first of the month following designation. A recipient with the *Persons with Disabilities designation* may be eligible for:

- higher rates [Rate Tables: Disability Assistance]
- general health assistance [see Related Links – Health Supplement Summary]
- earnings exemption [see Related Links – Income Treatment and Exemptions]
- low-cost annual bus pass [see Related Links – BC Bus Pass Program]

**Note:** A client must be at least 18 years old to receive disability assistance.

### **Employment Obligations**

Effective: December 1, 2003

A *Persons with Disabilities (PWD) designation* does not preclude some recipients from being required to seek employment. Recipients with the PWD designation and their adult *dependants* will be assisted to achieve independence, to the extent they are able, through an Employment Plan or voluntary participation plan that may include employment or volunteer-related activities. [see Related Links – Employment Plan or Voluntary Participation Plan]

### **Returning to Assistance**

Effective: September 1, 2016

Persons with the *Persons with Disabilities (PWD) designation* who return to the ministry for *disability assistance* will be required to complete the same financial application process as all applicants and have an orientation. Persons with the PWD designation at the time of application are exempt from completing the work search. Once financial eligibility has been established, disability assistance and health supplements can be provided. [For more information on application for BC Employment and Assistance, see Related Links – BC Employment and Assistance Application Stage 1 – Prospecting, Stage 2 – Eligibility Interview and Orientation.]

Persons with the PWD designation in receipt of Medical Services Only coverage as a result of employment income should continue to submit monthly reports in order for the ministry to re-establish eligibility for disability assistance when:

1. the client's income falls below the disability assistance rate; or
2. the client is eligible for an annual earnings exemption in the new calendar year

[For more information, see Related Links- BCEA Application - Stage 1 – Prospecting - Medical Services Only Clients Requesting Assistance].

Persons with the PWD designation in receipt of Medical Services Only coverage, for reasons other than as a result of employment income, who are requesting *disability assistance* or *hardship assistance* will be required to complete a reapplication. [For more information, see Related Links – Eligibility Review.]

### **Applicants with Indigenous and Northern Affairs Canada PWD Designation Moving Off Reserve**

Effective: October 19, 2016

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for *disability assistance* in BC, applicants must be granted the *Persons with Disabilities (PWD) designation* under the *Employment and Assistance for Persons with Disabilities (EAPWD Act)* through the ministry.

An Indigenous and Northern Affairs Canada (INAC) designated PWD recipient who moves off reserve and subsequently applies for assistance with the ministry may not be required to complete a PWD Designation Application (HR2883) form. With the applicant's signed consent, the ministry

can obtain a copy of the applicant's INAC PWD Designation Application (SA301) and any related information. This information will be used to determine if they meet the criteria for the PWD designation through the ministry.

If the ministry is unable to make a decision based on the information in the INAC PWD application form, the applicant will be required to submit a completed ministry PWD application form.

### **Recipients with PWD Designation Moving On Reserve**

Effective: October 19, 2016

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for the on reserve Persons with Disabilities (PWD) designation in BC, all applicants must be granted a designation through Indigenous and Northern Affairs Canada (INAC).

Recipients who have the PWD designation from the ministry before they move on reserve may not be required to complete an INAC PWD Designation Application (SA301) form. With the client's signed consent, the ministry will forward a copy of their PWD Designation (HR2883) Application form and any related information directly to INAC. This information will be used to determine if they meet the criteria for PWD through INAC.

# Designation Application

## Overview

The BC Employment and Assistance Program for Persons with Disabilities provides disability assistance and supplements to provide greater independence for people with disabilities, including security of income, enhanced well-being, and participation in the community.

To be eligible for disability assistance, a person must meet the criteria for the Persons with Disabilities (PWD) designation and be designated as such by the ministry. PWD is not a permanent designation and the ministry has the authority to rescind an individual's designation in exceptional circumstances.

## Policy

Expand All | Collapse

All

### Eligibility

Effective: September 1, 2016

The purpose of a *Person with Disabilities (PWD)* designation is for individuals to access assistance or programs under the *Employment and Assistance for Persons with Disabilities (EAPWD) Act*. A person may be designated as a Person with Disabilities (PWD) if they have reached 18 years of age and have a severe mental (including a mental disorder) or physical impairment that meets all of the following criteria:

- in the opinion of a *medical practitioner* or *nurse practitioner*, the impairment is likely to continue for at least two years
- in the opinion of a *prescribed professional*, the impairment directly and significantly restricts the person's ability to perform *daily living activities* either continuously or periodically for extended periods
- as a result of those restrictions, the person requires an *assistive device*, the significant help or supervision of another person, or the services of an assistance animal to perform daily living activities

A person may also be designated as a PWD if they have reached 18 years of age and are confirmed to be a member of a prescribed class in accordance with section 2.1 of the EAPWD regulation. [see Policy – Persons with Disabilities - Prescribed Class].

Recipients retain the PWD designation whether or not they continue to be financially eligible for disability assistance. They are not required to apply for the designation on reapplication for assistance.

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for disability assistance in BC, applicants must be granted designation under the *EAPWD Act* through the ministry.

### **Persons with Disabilities Designation - Prescribed Class**

Effective: September 1, 2016

The *EAPWD Act* permits the ministry to designate someone as a *Person with Disabilities (PWD)*, without going through the standard application process, if the person has already been approved for another prescribed government program or benefit.

The *EAPWD* regulation prescribes the classes of people who will be able to use this more streamlined process to become designated as a PWD. Those classes are:

1. People enrolled in BC PharmaCare Plan P (Palliative Care Benefits);
2. People who have been determined by the Ministry of Children and Family Development to be eligible for the At Home Program – Medical Benefits and Respite (a program which assists family with the costs of caring for a severely disabled child);
3. People who have been determined by Community Living British Columbia to be eligible to receive its support and services (Developmental Disability or Personal Supports Initiative); and
4. People determined as disabled by the Government of Canada and eligible for the Canada Pension Plan Disability Benefit.

A person applying under a prescribed class must complete the Persons with Disabilities Designation Application – Prescribed Class Form (HR3642) [see Forms and Letters]. By submitting this application form, the applicant provides consent to the ministry to verify their eligibility as a member of a prescribed class directly with the specified agency. If the ministry is unable to confirm a person's eligibility under a prescribed class directly with the specified agency, the applicant may be asked for written documentation to assist with verification.

A PWD Designation Application – Prescribed Class (HR3642) is provided only to new applicants or recipients of income assistance who intend to apply for disability assistance who have identified themselves as a member of one of the prescribed classes.

People applying for PWD designation as a member of a prescribed class must still meet all other eligibility requirements (identification, financial, residency, etc.) to be found eligible for disability assistance.

[For more information on policy and procedures to apply for assistance, see Policy - Persons with Disabilities Designation Application (HR2883) and Related Links – BCEA Application Stage 1 – Prospecting and Stage 2 – Eligibility Interview.]

### **Persons with Disabilities Designation Application (HR2883)**

Effective: September 1, 2016

The Persons with Disabilities (PWD) Designation Application (HR2883) is used to collect information pertaining to the applicant's disability that will allow the ministry to make evidence-based decisions consistent with legislation. [For a sample HR2883, see Additional Resources.]

The PWD Designation Application (HR2883) has three-parts:

- Section 1 is client information to be completed by the applicant
- ~~Section 2 is a Medical Report to be completed by either a medical practitioner or nurse practitioner~~
- Section 3 is an Assessor Report to be completed by a medical practitioner, nurse practitioner or other *prescribed professional*

A PWD Designation Application (HR2883) is provided only to new applicants or recipients of income assistance who intend to apply for disability assistance.

**Note:** The ministry does not have the legislative authority to consider an application for the PWD designation for purposes other than the provision of assistance and programs under the *Employment and Assistance for Persons with Disabilities Act*. Applicants who want to apply for the PWD Designation to access other programs or benefits should not be provided with a PWD Designation Application (HR2883) unless they also intend to apply for disability assistance. Collection of personal information in the absence of any intention to apply for assistance under the Act would not be authorized under the *Freedom of Information and Protection of Privacy Act*.

A PWD Designation Application (HR2883) should only be provided where the applicant is financially eligible (meets the income and asset test) or is likely to be financially eligible within 6 months of the date the application is requested, including those who are in the process of transferring assets into a trust or Registered Disability Savings Plan (RDSP) [see Policy - Trusts and RDSPs].

If the eligible client or applicant has assets in excess of the PWD limit, the client/applicant must be informed of the trusts program and RDSP exemption and referred to the Disability Assistance and Trust booklet and the Trust Query Submission Guidelines for Clients. Ministry staff cannot provide legal or investment advice to applicants or clients. [see Additional Resources] [For further information on Trusts and RDSPs, see Related Links – Trusts and Assets and Exemptions.]

If an applicant meets the eligibility criteria for income assistance under the *Employment and Assistance Act*, with the exception that their assets are tested at the PWD level (including assets over the PWD level in the process of being transferred into a trust or RDSP), the applicant may receive income assistance while they are completing their application and awaiting the outcome of their application for PWD designation. While an applicant is not required to be determined eligible for income assistance before being provided the PWD designation application form, the applicant must first complete the intake process, sign the HR0080 and have an open case (whether in pay or not) before a PWD application can be adjudicated by Health Assistance Branch.

**Example 1:** An applicant is applying for disability assistance but has assets over the PWD limit that the applicant is transferring into a non-discretionary trust. The applicant may be provided a PWD application and may be eligible for income assistance while completing the PWD application and while the trust is being reviewed by the ministry. If the client is denied the PWD designation, the non-discretionary trust will be considered an asset and the client will not be eligible for further assistance while their assets are over the income assistance limit.

**Example 2:** An applicant is applying for disability assistance but has assets over the PWD limit. ~~The applicant does not intend to transfer the excess assets into a trust or RDSP.~~ The applicant may not be provided a PWD application until such a time as his or her assets are likely to be under the PWD asset limit within 6 months.

A decision to refuse to provide a PWD Designation Application (HR2883) may be reconsidered.

Applicants may start the Persons with Disabilities (PWD) designation application process six months prior to their 18<sup>th</sup> birthday to ensure they can be adjudicated for the designation prior to requiring assistance. [For detailed information, see Policy and Procedures – 17-Year-Old Applicants.]

[For more information, see Procedures – Application Process for the Persons with Disabilities Designation.]

[For a table explaining when to provide a PWD Designation Application, please see Additional Resources – Provision of PWD Application Form.]

### **Trusts or RDSPs**

Effective: July 20, 2011

Eligible clients who receive assets that they intend to transfer into a trust or Registered Disability Savings Plan (RDSP), or who have a trust that has not yet been reviewed by the ministry, will be provided a PWD application. For clients applying for PWD designation who have a valid trust or who are transferring assets into trust, in making the decision whether a PWD application is to be provided, it is to be presumed that the trust will provide an exemption for the assets held there. The client should be provided a PWD application if the client meets all of the following requirements:

- The client intends to apply for disability assistance
- The client is likely to be financially eligible (within six months of the date the application is requested) taking into account the presumption that the asset is or will be in a valid trust and will be exempt

The PWD designation decision must be made in response to the client's application, and will ultimately take into account the ministry's review of the trust to determine the validity of the trust and whether exempt.

If the eligible client or applicant has assets in excess of the PWD limit, the client/applicant must be informed of the trusts program and RDSP exemption and referred to the Disability Assistance and Trust booklet and the Trust Query Submission Guidelines for Clients. [see Additional Resources] Ministry staff cannot provide legal or investment advice to applicants or clients.

[For further information on trusts, please see Related Link – Trusts.]

### **Receiving Income Assistance while Waiting for PWD Designation**

Effective: July 20, 2011

Persons who intend to apply for the Persons with Disabilities (PWD) designation and who are in need of financial support may receive income assistance and retain their assets at the higher limits (including assets over the PWD level in the process of being transferred into a trust or Registered Disability Savings Plan) applicable to recipients of disability assistance, until the outcome of their PWD Designation Application. To qualify for income assistance, these applicants are required to meet all eligibility criteria under the Employment and Assistance (EA) Regulation, with the exception that their assets are to be tested at the higher limits allowed to recipients of disability assistance as noted above.

Both clients and applicants are expected to make every effort to collect the information necessary to determine their medical condition and to return the completed PWD Designation Application within a reasonable period of time of approximately three months after receiving a PWD Designation Application.

Clients or applicants who are denied the PWD designation and have either delivered a Request for Reconsideration to the ministry or submitted a Notice of Appeal to the Tribunal, continue to have their assets tested at the asset levels set out under the EA Regulation sections 11(2.1) – (2.3) and 13(2), while awaiting the outcome of the reconsideration or appeal, as applicable.

Clients who are found ineligible for the PWD designation are not required to repay income assistance already received, but can retain assets only at or below the asset limits under the EA Regulation.

[see Related Links – Assets and Exemptions – Asset Limits for Persons Applying for PWD Designation]

### **17-Year-Old Applicants**

Effective: September 1, 2016

A person must meet the PWD designation criteria and financial eligibility criteria under the *EAPWD Act*, and must be 18 years of age, to receive disability assistance.



Children with disabilities who are likely to be financially eligible for disability assistance when they turn 18, may begin the application process up to six months prior to their 18th birthday. Starting the application process early will allow children with disabilities sufficient time to schedule appointments with *medical practitioners* and *prescribed professionals*, and to have their PWD application completed and adjudicated so they can start receiving disability assistance as soon as they turn 18.

[For instructions for 17-year-old applicants, see Procedures - Application Process for the Persons with Disabilities Designation.]

[For more information on procedures to apply for assistance see Related Links – BCEA Application Stage 1 – Prospecting and Stage 2 – Eligibility Interview.]

### **17-Year-Old Applicants: Youth with an Intellectual Disability**

Effective: September 1, 2016

**Note:** Youth with an Intellectual Disability who are eligible to receive services and supports from either Community Living British Columbia or the Ministry of Children and Family Development's At Home Program can apply for the *Person with Disabilities (PWD) designation* as a member of a prescribed class. [See Policy and Procedures - Persons with Disabilities Designation - Prescribed Class].

For individuals who do not meet the prescribed class criteria, specific PWD designation procedures and a consent form have been developed for 17-year-old youth diagnosed with an Intellectual Disability (Intellectual Developmental Disorder) to streamline their transition to disability assistance with the ministry.

Youth with a diagnosis of an Intellectual Disability (or their parent/guardian) may consent to the sharing of relevant portions of their psychological assessments (or psycho-education reports) in order to determine PWD designation eligibility, as an alternative to completing a PWD Designation Application (HR2883).

If the psychological assessment information submitted does not contain sufficient information to confirm eligibility, the Youth Consent form (HR3183) also gives permission for the ministry to request copies of the client's psychological assessments or psycho-education reports from the applicant's School District or, where appropriate, the Ministry for Children and Family Development.

[For instructions, see Procedures –17-Year-Old Applicants: Youth with an Intellectual Disability.]

### **18-Year-Old Child Services Clients**

Effective: March 23, 2015

Youth with special needs receive programs and services through the Ministry of Children and Family Development until they are 19 years of age. These individuals may delay applying for PWD designation while they are still eligible for those services.

These youth may apply for a PWD designation within 6 months of their 19<sup>th</sup> birthday. Starting the application process at that time will allow youth with disabilities sufficient time to schedule appointments with medical practitioners and *prescribed professionals*, and to have their PWD application completed and adjudicated so they can start receiving disability assistance when they turn 19, if determined eligible.

Youth who are:

- In government care (under the care of the Ministry of Children and Family Development),
- approved for PWD designation prior to their 19<sup>th</sup> birthday, and
- eligible for disability assistance as of their 19<sup>th</sup> birthday

are eligible to receive the shelter allowance for the full month in which they turn 19, as calculated in Schedule A for any rent owing, and the support allowance pro-rated from the day they turned 19 to the end of that month.

Any payments made by the Ministry of Children and Family Development for service up to the day the person turned 19 are exempt when calculating assistance.

### **Disability Assistance and Supplements**

Effective: July 8, 2013

PWD status is effective the first of the month following designation. A recipient with the *Persons with Disabilities designation* may be eligible for:

- higher rates [Rate Tables: Disability Assistance]
- general health assistance [see Related Links – Health Supplement Summary]
- earnings exemption [see Related Links – Income Treatment and Exemptions]
- low-cost annual bus pass [see Related Links – BC Bus Pass Program]

**Note:** A client must be at least 18 years old to receive disability assistance.

### **Employment Obligations**

Effective: December 1, 2003

A *Persons with Disabilities (PWD) designation* does not preclude some recipients from being required to seek employment. Recipients with the PWD designation and their adult *dependants* will be assisted to achieve independence, to the extent they are able, through an Employment Plan or voluntary participation plan that may include employment or volunteer-related activities. [see Related Links – Employment Plan or Voluntary Participation Plan]

### **Returning to Assistance**

Effective: September 1, 2016

Persons with the *Persons with Disabilities (PWD) designation* who return to the ministry for *disability assistance* will be required to complete the same financial application process as all applicants and have an orientation. Persons with the PWD designation at the time of application are exempt from completing the work search. Once financial eligibility has been established, disability assistance and health supplements can be provided. [For more information on application for BC Employment and Assistance, see Related Links – BC Employment and Assistance Application Stage 1 – Prospecting, Stage 2 – Eligibility Interview and Orientation.]

Persons with the PWD designation in receipt of Medical Services Only coverage as a result of employment income should continue to submit monthly reports in order for the ministry to re-establish eligibility for disability assistance when:

1. the client's income falls below the disability assistance rate; or
2. the client is eligible for an annual earnings exemption in the new calendar year

[For more information, see Related Links- BCEA Application - Stage 1 – Prospecting - Medical Services Only Clients Requesting Assistance].

Persons with the PWD designation in receipt of Medical Services Only coverage, for reasons other than as a result of employment income, who are requesting *disability assistance* or *hardship assistance* will be required to complete a reapplication. [For more information, see Related Links – Eligibility Review.]

### **Applicants with Indigenous and Northern Affairs Canada PWD Designation Moving Off Reserve**

Effective: October 19, 2016

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for *disability assistance* in BC, applicants must be granted the *Persons with Disabilities (PWD) designation* under the *Employment and Assistance for Persons with Disabilities (EAPWD Act)* through the ministry.

An Indigenous and Northern Affairs Canada (INAC) designated PWD recipient who moves off reserve and subsequently applies for assistance with the ministry may not be required to complete a PWD Designation Application (HR2883) form. With the applicant's signed consent, the ministry

can obtain a copy of the applicant's INAC PWD Designation Application (SA301) and any related information. This information will be used to determine if they meet the criteria for the PWD designation through the ministry.

If the ministry is unable to make a decision based on the information in the INAC PWD application form, the applicant will be required to submit a completed ministry PWD application form.

### **Recipients with PWD Designation Moving On Reserve**

Effective: October 19, 2016

The federal government, and each province and territory have their own definition of a person with disabilities. To be eligible for the on reserve Persons with Disabilities (PWD) designation in BC, all applicants must be granted a designation through Indigenous and Northern Affairs Canada (INAC).

Recipients who have the PWD designation from the ministry before they move on reserve may not be required to complete an INAC PWD Designation Application (SA301) form. With the client's signed consent, the ministry will forward a copy of their PWD Designation (HR2883) Application form and any related information directly to INAC. This information will be used to determine if they meet the criteria for PWD through INAC.



## Persons With Disabilities Designation Application Introduction

The personal information requested on this form is collected and used by the Ministry of Social Development and Social Innovation pursuant to sections 26(c) and 32(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Social Innovation at 1-866-866-0800.

The purpose of this form is to collect the information necessary to determine eligibility for the Person with Disabilities designation under the *Employment and Assistance for Persons with Disabilities Act*.

### This Application has three Sections:

- Section 1: **Applicant Information** (for completion by the Applicant) - The term "Applicant" used throughout the form means a client who is applying for the Person with Disabilities designation.
- Section 2: **Medical Report** (for completion by the Applicant's Physician or Nurse Practitioner) - References to "Physician" in this application have the same meaning as "Medical Practitioner".
- Section 3: **Assessor Report** (for completion by a prescribed professional)

**Please do not take this booklet form apart - please keep together**

### Instructions for completion

1. The above sections of the Application Form need to be completed in the order listed
2. The Applicant is to complete Section 1, Applicant Information, sign the Declaration, and take the form to his/her Physician or Nurse Practitioner for completion of the Medical Report.
3. The Applicant's Physician or Nurse Practitioner is to complete Section 2 - Medical Report, and return the Application Form to the Applicant.
4. The Applicant will then take the form to a Prescribed Professional (as defined in Section 3) for completion of Section 3, Assessor Report.
5. The Prescribed Professional is to complete Section 3, Assessor Report, and return the Application Form to the Applicant.
6. Applicant - please review the checklist at the end of this booklet to ensure your application is complete.
7. The Applicant will then mail the application to the Health Assistance Branch, Ministry of Social Development and Social Innovation using the enclosed self-addressed envelope.

### Office Use Only

**The following must be signed in order for the application to be processed**

The Applicant intends to apply for disability assistance and may meet the financial eligibility requirements for Disability Assistance under the *Employment and Assistance for Persons with Disabilities (PWD) Act*.

Ministry Signing Authority (Print Name)	Signature
Employment and Assistance Centre Stamp	Date Signed (YYYY-MMM-DD)

SAMPLE





**B - Disabling Condition (continued)**

2. How does your disability affect your life and your ability to take care of yourself?

Handwritten response area with horizontal lines. A large, diagonal watermark reading "SAMPLE" is overlaid across the entire section.







## Persons With Disabilities Designation Application Section 2 - Medical Report

The personal information requested on this form is collected and used by the Ministry of Social Development and Social Innovation pursuant to sections 28(c) and 32(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Social Innovation at 1-866-866-0800.

**This section is to be filled out by a physician registered and licensed to practice medicine in British Columbia or a Nurse Practitioner registered to practice in British Columbia. The individual completing this Section of the application may also complete Section 3 – Assessor Report.**

The purpose of the Medical Report is to provide information to the ministry about the applicant's physical or mental impairments associated with diagnosed medical conditions relevant to this application for a **Person with Disabilities (PWD)** designation. The emphasis is on how the medical conditions and impairment affect the Applicant's ability to perform **Daily Living Activities** as defined in the Regulations pursuant to the *Employment and Assistance for Persons with Disabilities Act*. This Application is **not** intended to assess employability or vocational abilities.

Please answer all questions completely as this will assist the Ministry of Social Development and Social Innovation, Health Assistance Branch, in determining whether the Applicant meets the criteria for designation as a person with disabilities.

The contents of this report are confidential, but are subject to the following conditions:

- the report will be shared with the applicant;
- the report will be shared with the Prescribed Professional completing Section 3 of this Application;
- the report will be shared with the Employment and Assistance Appeal Tribunal if an appeal is initiated regarding eligibility for the Person with Disabilities (PWD) designation; and
- the report may be reviewed by a prescribed professional consulting with the Ministry of Social Development and Social Innovation.

### Fee

Fees for physicians completing this section are paid through the Medical Services Plan. Payment will be made in accordance with the rate established by the Ministry of Social Development and Social Innovation provided that:

1. The Application process has been initiated by the Employment and Assistance Centre as indicated by the Office stamp and signature on the cover page of this Application; and
2. The Physician has fully completed Section 2 of the Application.

Please keep a copy of the completed Section 2 of this form until such time as you receive payment for your fee.

Physicians or Nurse Practitioners having questions regarding this application may contact the Health Assistance Branch, Ministry of Social Development and Social Innovation at 1-888-221-7711.

**PROGRAM DEFINITIONS**

**Designation of Persons with Disabilities (PWD)**

Following is an extract of the section in the Employment and Assistance for Persons With Disabilities ACT that sets out the criteria for designation as a person with disabilities.

- 2 (1)** In this section:  
 "prescribed professional" has the prescribed meaning;  
 "daily living activities" has the prescribed meaning;  
 "assistive device" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform.
- 2(2)** The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person is in a prescribed class of persons or that the person has a severe mental or physical IMPAIRMENT that
- (a) in the opinion of a medical practitioner or nurse practitioner is likely to continue for at least 2 years, and
  - (b) in the opinion of a prescribed professional
    - (i) directly and significantly restricts the person's ability to perform DAILY LIVING ACTIVITIES either
      - (A) continuously, or
      - (B) periodically for extended periods, and
    - (ii) as a result of those restrictions, the person requires help to perform those activities.
- 2(3)** For the purposes of subsection (2),
- (a) a person who has a severe mental impairment includes a person with a mental disorder, and
  - (b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires
    - (i) an assistive device,
    - (ii) the significant help or supervision of another person, or
    - (iii) the services of an assistance animal.
- 2(4)** The minister may rescind a designation under subsection (2).

The following is an extract of a section in the Employment and Assistance for Persons with Disabilities REGULATIONS.

- 2(1)** For the purposes of the Act and this regulation, "daily living activities",
- (a) In relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:
    - (i) prepare own meals;
    - (ii) manage personal finances;
    - (iii) shop for personal needs;
    - (iv) use public or personal transportation facilities;
    - (v) perform housework to maintain the person's place of residence in acceptable sanitary condition;
    - (vi) move about indoors and outdoors;
    - (vii) perform personal hygiene and self care;
    - (viii) manage personal medication, and
  - (b) In relation to a person which has a severe mental impairment, includes the following activities:
    - (i) make decisions about personal activities, care or finances;
    - (ii) relate to, communicate or interact with others effectively.

PROGRAM DEFINITIONS

- 2 (2) For the purposes of the Act, "prescribed professional" means a person who is
- (a) authorized under an enactment to practice the profession of
    - (i) medical practitioner,
    - (ii) registered psychologist,
    - (iii) registered nurse or registered psychiatric nurse,
    - (iv) occupational therapist,
    - (v) physical therapist,
    - (vi) social worker,
    - (vii) chiropractor, or
    - (viii) nurse practitioner; or
  - (b) acting in the course of the person's employment as a school psychologist by
    - (i) an authority, as that term is defined in section 1 (1) of the *Independent School Act*,
    - (ii) a board or a francophone education authority, as those terms are defined in section 1 (1) of the *School Act*, if qualifications in psychology are a condition of such employment

Alternative grounds for designation under section 2 of the Act

- 2.1 The following classes of persons are prescribed for the purposes of section 2(2) of the Act:
- (a) a person who is enrolled in Plan P (Palliative Care) under the Drug Plans Regulation;
  - (b) a person who has at any time been determined to be eligible to be the subject of payments made through the Ministry of Children and Family Development's At Home Program;
  - (c) a person who has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the Community Living Authority Act;
  - (d) a person whose family has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the Community Living Authority Act to assist them in caring for the person;
  - (e) a person who is considered to be disabled under section 42(2) of the Canada Pension Plan (Canada).

**To be completed by the applicant's physician or nurse practitioner only**

**A - Diagnoses**

Specify diagnoses related to the Applicant's impairment using the diagnostic codes below.

"Impairment" is a loss or abnormality of psychological, anatomical or physiological structure or function causing a restriction in the ability to function independently, effectively, appropriately or for a reasonable duration. Please include additional information as required.

Diagnostic Code	Specific Diagnosis (e.g. location of paralysis, type of respiratory or heart condition, type of hepatitis, etc.)	Date of onset if known	
		Month	Year

**Comments:**


**Diagnostic Codes**

**Infectious and parasitic diseases**

- 1.0 Other
- 1.1 HIV
- 1.2 AIDS
- 1.3 Hepatitis
- 1.4 Hepatitis C

**Neoplasms**

- 2.0 Neoplastic disorders - other
- 2.1 Lip, oral cavity & pharynx
- 2.2 Digestive organs & peritoneum
- 2.3 Respiratory & intrathoracic organs
- 2.4 Bone, connective tissue, skin and breast
- 2.5 Genitourinary organs
- 2.6 Leukemia

**Endocrine, nutritional and metabolic diseases, and immunity disorders**

- 4.0 Other diseases of the blood
- 4.1 Anemia
- 4.2 Hemophilia

**Mental disorders**

- 5.0 Other mental (please specify)
- 5.1 Delirium, dementia & amnesia & other cognitive disorders
- 5.2 Schizophrenia & other Psychotic disorders
- 5.3 Mood disorders
- 5.4 Developmental disability
- 5.5 Anxiety disorders
- 5.6 Somatoform disorders
- 5.7 Personality disorders
- 5.9 Pervasive developmental disorders
- 5.10 Eating disorders

**Diseases of the nervous system & sense organs - Neurological**

- 6.0 Neurological disorders - other
- 6.1 Epilepsy
- 6.3 Brain tumors
- 6.4 Parkinson's disease
- 6.5 Cerebral palsy
- 6.6 Paraplegia
- 6.7 Quadraplegia
- 6.9 Other paralysis
- 6.10 Myasthenia Gravis
- 6.11 Muscular dystrophy
- 6.12 ALS
- 6.13 Alzheimer's disease
- 6.14 Huntington's Chorea
- 6.15 Friedreich's Ataxia
- 6.16 Multiple sclerosis

**Conditions of the nervous system & sense organs - Sensory**

- 7.00 Sensory disorders - other
- 7.01 Blindness
- 7.02 Visually impaired
- 7.03 Deafness
- 7.04 Hearing impaired
- 7.05 Organic speech loss

**Diseases of the circulatory system**

- 8.0 Cardiovascular - other
- 8.1 Ischemic heart disease
- 8.2 Recurrent Arrhythmias
- 8.3 Valvular heart disease
- 8.4 Congenital heart disease
- 8.5 Cardiomyopathy
- 8.6 Chronic venous insufficiency
- 8.7 Peripheral arterial disease
- 8.8 Cerebral vascular accident

**Diseases of the respiratory system**

- 9.0 Respiratory disorders - other
- 9.1 Cystic fibrosis
- 9.2 COPD
- 9.3 Asthma
- 9.4 Emphysema

**Diseases of the digestive system**

- 10.0 Digestive disorders - other
- 10.1 Peptic ulcer
- 10.2 Chronic liver disease
- 10.3 Cirrhosis
- 10.4 Crohn's disease
- 10.5 Colitis

**Diseases of the genitourinary system**

- 11.0 Genitourinary disorders - other
- 11.1 Kidney disease

**Diseases of the skin and subcutaneous tissue**

- 12.0 Skin disorders - other
- 12.1 Psoriasis

**Diseases of the musculoskeletal system and connective tissue**

- 13.0 Musculoskeletal system - other
- 13.1 Lupus
- 13.2 Rheumatoid arthritis
- 13.3 Arthritis
- 13.4 Osteoporosis
- 13.5 Ankylosing spondylitis
- 13.6 Degenerative disc disease
- 13.7 Scoliosis
- 13.8 Fibromyalgia
- 13.9 Scleroderma

**Congenital anomalies**

- 14.0 Congenital anomalies - other
- 14.1 Chromosomal abnormalities
- 14.2 Fetal alcohol syndrome
- 14.3 Thalidomide syndrome
- 14.4 Spina Bifida

**Injury and poisoning**

- 15.0 Injury and poisoning - other
- 15.1 Traumatic brain injury
- 15.2 Amputations

**Other conditions**

- 16.0 Other
- 16.1 Chronic fatigue syndrome
- 16.2 Sleep apnea
- 16.3 Environmental sensitivities

**B - Health History**

1. Please indicate the severity of the medical conditions relevant to this person's impairment. How does the medical condition impair this person? Test results and other reports or findings may be used here where appropriate.

2. Height and Weight (if relevant to the impairment).

Height

Weight

3. Has the applicant been prescribed any medication and/or treatments that interfere with his/her ability to perform daily living activities? ☐ Yes ☐ No

If yes, please explain:

If yes, what is the anticipated duration of the medications/treatments:

4. Does the applicant require any prostheses or aids for his/her impairment? ☐ Yes ☐ No

If yes, please explain:

**C - Degree and Course of Impairment**

1. Is the impairment likely to continue for two years or more from today? ☐ Yes ☐ No

What is the estimated duration of the impairment and are there remedial treatments that may resolve or minimize the impairment? Please explain:

**D - Functional Skills**

Note: For the purposes of questions #1 and #2, "unaided" means without the assistance of another person, assistive device or assistance animal

1. How far can this person **walk** unaided on a flat surface?

- ☐ 4+ blocks ☐ 1 to 2 blocks ☐ Unknown  
☐ 2 to 4 blocks ☐ Less than 1 block ☐ Not at all

2. How many **stairs** can this person climb unaided?

- ☐ 5+ steps ☐ 2 to 5 steps ☐ None ☐ Unknown

3. What are the person's limitations in **lifting**?

- ☐ No lifting ☐ 2 to 7 kg (5 to 15 lbs) ☐ No lifting  
☐ 7 to 16 kg (15 to 35 lbs) ☐ Under 2 kg (Under 5 lbs) ☐ Unknown

4. How long can this person remain **seated**?

- ☐ No limitation ☐ 1 to 2 hours ☐ Unknown  
☐ 2 to 3 hours ☐ Less than 1 hour

5. Are there difficulties with **communication** other than a lack of fluency in English? ☐ Yes ☐ No

If yes, what is the cause: ☐ Cognitive ☐ Motor ☐ Sensory ☐ Other

Comments

6. Are there any significant deficits with **cognitive and emotional function**?

- ☐ Yes ☐ No ☐ Unknown

If yes, what is the cause:

- |  |   |
|--|---|
| <input type="checkbox"/> Consciousness (orientation, confusion)                                | <input type="checkbox"/> Emotional disturbance (e.g. depression, anxiety)                         |
| <input type="checkbox"/> Executive (planning, organizing, sequencing, calculations, judgement) | <input type="checkbox"/> Motivation (loss of initiative or interest)                              |
| <input type="checkbox"/> Language (oral, auditory, written comprehension or expression)        | <input type="checkbox"/> Impulse control  |
| <input type="checkbox"/> Memory (ability to learn and recall information)                      | <input type="checkbox"/> Motor activity (goal oriented activity, agitation, repetitive behaviour) |
| <input type="checkbox"/> Perceptual psychomotor (visual spatial)                               | <input type="checkbox"/> Attention or sustained concentration                                     |
| <input type="checkbox"/> Psychotic symptoms (delusions, hallucinations, thought disorders)     | <input type="checkbox"/> Other Specify _____  |

Comments



**E - Daily Living Activities**

Note: If you are completing the Assessor Report – Section 3, in addition to this Medical Report, do not complete this page, (Part E)

Does the impairment directly restrict the person's ability to perform Daily Living Activities?

☐ Yes ☐ No ☐ Unknown If yes, please complete the following table.

Daily Living Activities	Is Activity Restricted? (check one) If yes, describe extent of restriction in "comments" below			If yes, the restriction is: (check one)	
	Yes	No	Unknown	Continuous <sup>1</sup>	Periodic <sup>2</sup>
Personal self care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility inside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility outside the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social functioning** - daily decision making; interacting, relating and communicating with others (this category only applies for persons with an identified mental impairment or brain injury). If yes, please provide details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If "Periodic", please explain:

\*\* If Social Functioning is impacted, please explain:

Please provide additional comments regarding the degree of restriction:

What assistance does your patient need with Daily Living Activities? ("Assistance" includes help from another person, equipment and assistance animals.) Please be specific regarding the nature and extent of assistance required.

<sup>1</sup> Continuous assistance - refers to needing significant help most or all of the time for an activity.

<sup>2</sup> Periodic assistance - refers to the need for significant help for an activity some of the time as would be the case where a person required help due to the episodic nature of the impairment.





## Persons With Disabilities Designation Application Section 2 - Medical Report

### F - Additional Comments

Please provide any additional information that you consider relevant to an understanding of the significance of the person's medical condition, the nature and extent of this person's impairment and the impact these have on his/her daily functioning (e.g., hospitalization related to the impairment).

### G - Frequency of Contact

How long has the Applicant been your patient?

Prior to today, how often have you seen the Applicant in the past 12 months?

☐ 0

☐ Once

☐ 2-10 times

☐ 11 or more times

Comments:

### H - Certification

I, \_\_\_\_\_  
am a physician registered with the College of Physicians and Surgeons of British Columbia and licensed to practice clinical medicine in BC.

☐ I am a General Practitioner

☐ I am a specialist in \_\_\_\_\_

Medical Practitioner Number \_\_\_\_\_

I, \_\_\_\_\_  
am a nurse practitioner and am registered to practice with the College of Registered Nurses of BC.

CRNBC Registration Number \_\_\_\_\_

This report (and attached documents) contains my findings and considered opinion at this time.

Signature \_\_\_\_\_

Date Signed (YYYY MMM DD) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

Print/Stamp Address \_\_\_\_\_



## Persons With Disabilities Designation Application Section 3 - Assessor Report

The personal information requested on this form is collected and used by the Ministry of Social Development and Social Innovation pursuant to sections 28(c) and 32(b) of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Employment and Assistance for Persons with Disabilities Act*. If you have any questions about the collection or use of this information, please contact the Ministry of Social Development and Social Innovation at 1-866-866-0800.

This Assessor Report is to be completed by one of the following prescribed professionals: Medical Practitioner, Registered Psychologist, Certified School Psychologist, Registered Nurse or Registered Psychiatric Nurse, Occupational Therapist, Physical Therapist, Social Worker, Chiropractor or Nurse Practitioner.

The purpose of the Assessor Report is to document the Applicant's impairments and their impact on performance of Daily Living Activities as defined in the Regulations pursuant to the *Employment and Assistance for Persons With Disabilities Act*. The Application is **not** intended to assess employability or vocational abilities.

This section should be completed by a prescribed professional having a history of contact and recent experience with the applicant. Please complete this section based on your knowledge of the Applicant, observations, clinical data and experience.

Please answer all questions completely as this will assist the Ministry of Social Development and Social Innovation, Health Assistance Branch, in determining whether the applicant meets the criteria for designation as a person with disabilities.

The contents of this report are confidential, but are subject to the following conditions:

- the report will be shared with the applicant;
- the report will be shared with the Physician or Nurse Practitioner completing Section 2 of this application;
- the report will be shared with the Employment and Assistance Appeal Tribunal if an appeal is initiated regarding eligibility for the Person with Disabilities (PWD) designation; and
- the report may be reviewed by a prescribed professional consulting with the Ministry of Social Development and Social Innovation

### Fee

Payment will be made in accordance with the rate established by the Ministry of Social Development and Social Innovation provided that:

1. The Application process has been initiated by the Employment and Assistance Centre as indicated by the Office stamp and signature on the cover page of this Application; and
2. The Prescribed Professional has fully completed Section 3 of the Application.

Fees for physicians completing this section are paid through the Medical Services Plan. Other Prescribed Professionals completing this section may submit an invoice in the amount of \$75 to the Ministry of Social Development and Social Innovation at the following address (please use tear-off invoice on page 27)

Ministry of Social Development and Social Innovation  
Health Assistance Branch  
PO Box 9971 Stn Prov Govt  
Victoria BC V8W 9R5

Please keep a copy of the fully completed Section 3 of this form until such time as you receive payment for your fee.

Assessors having questions regarding this application may contact the Health Assistance Branch, Ministry of Social Development and Social Innovation at 1-888-221-7711

**PROGRAM DEFINITIONS**

**Designation of Persons with Disabilities (PWD)**

Following is an extract of the section in the Employment and Assistance for Persons With Disabilities ACT that sets out the criteria for designation as a person with disabilities.

- 2 (1)** In this section:  
 "prescribed professional" has the prescribed meaning;  
 "daily living activities" has the prescribed meaning;  
 "assistive device" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform.
- 2(2)** The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person is in a prescribed class of persons or that the person has a severe mental or physical IMPAIRMENT that
- (a) in the opinion of a medical practitioner or nurse practitioner is likely to continue for at least 2 years, and
  - (b) in the opinion of a prescribed professional
    - (i) directly and significantly restricts the person's ability to perform DAILY LIVING ACTIVITIES either
      - (A) continuously, or
      - (B) periodically for extended periods; and
    - (ii) as a result of those restrictions, the person requires help to perform those activities.
- 2(3)** For the purposes of subsection (2),
- (a) a person who has a severe mental impairment includes a person with a mental disorder, and
  - (b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires
    - (i) an assistive device,
    - (ii) the significant help or supervision of another person, or
    - (iii) the services of an assistance animal.
- 2(4)** The minister may rescind a designation under subsection (2).

The following is an extract of a section in the Employment and Assistance for Persons with Disabilities REGULATIONS.

- 2(1)** For the purposes of the Act and this regulation, "daily living activities",
- (a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:
    - (i) prepare own meals;
    - (ii) manage personal finances;
    - (iii) shop for personal needs;
    - (iv) use public or personal transportation facilities;
    - (v) perform housework to maintain the person's place of residence in acceptable sanitary condition;
    - (vi) move about indoors and outdoors;
    - (vii) perform personal hygiene and self care;
    - (viii) manage personal medication, and
  - (b) in relation to a person which has a severe mental impairment, includes the following activities:
    - (i) make decisions about personal activities, care or finances;
    - (ii) relate to, communicate or interact with others effectively.

PROGRAM DEFINITIONS

- 2 (2) For the purposes of the Act, "prescribed professional" means a person who is
- (a) authorized under an enactment to practice the profession of
    - (i) medical practitioner,
    - (ii) registered psychologist,
    - (iii) registered nurse or registered psychiatric nurse,
    - (iv) occupational therapist,
    - (v) physical therapist,
    - (vi) social worker,
    - (vii) chiropractor, or
    - (viii) nurse practitioner; or
  - (b) acting in the course of the person's employment as a school psychologist by
    - (i) an authority, as that term is defined in section 1 (1) of the *Independent School Act*,
    - (ii) a board or a francophone education authority, as those terms are defined in section 1 (1) of the *School Act*, if qualifications in psychology are a condition of such employment

Alternative grounds for designation under section 2 of the Act

- 2.1 The following classes of persons are prescribed for the purposes of section 2(2) of the Act:
- (a) a person who is enrolled in Plan P (Palliative Care) under the Drug Plans Regulation;
  - (b) a person who has at any time been determined to be eligible to be the subject of payments made through the Ministry of Children and Family Development's At Home Program;
  - (c) a person who has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the Community Living Authority Act;
  - (d) a person whose family has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the Community Living Authority Act to assist them in caring for the person;
  - (e) a person who is considered to be disabled under section 42(2) of the Canada Pension Plan (Canada).

### A - Living Environment

1. Does the Applicant live ☐ Alone? ☐ With Family, Friends or Caregiver? ☐ In a care facility?

Comments \_\_\_\_\_

### B - Mental or Physical Impairment

"Impairment" is a loss or abnormality of psychological, anatomical or physiological structure or functioning causing a restriction in the ability to function independently, effectively, appropriately or for a reasonable duration.

1. **What are the applicant's mental or physical impairments that impact his/her ability to manage Daily Living activities? (brief summary)**

### 2. Ability to Communicate

Please indicate the level of ability in the following areas:	Good	Satisfactory	Poor	Unable	Explain / Describe
Speaking					
Reading					
Writing					
Hearing					

Comments \_\_\_\_\_

### 3. Mobility and Physical Ability

Indicate the assistance required related to impairment(s) that directly restrict the applicant's ability to manage in the following areas. Check all that apply.	Independent	Periodic Assistance <sup>1</sup> from another person	Continuous assistance <sup>2</sup> from another person or unable	Uses Assistive device	Takes significantly longer than typical (describe how much longer)	Explain and specify assistive device(s)
Walking indoors						
Walking outdoors						
Climbing stairs						
Standing						
Lifting						
Carrying and holding						

Comments \_\_\_\_\_

<sup>1</sup> Periodic assistance - refers to the need for significant help for an activity some of the time as would be the case where a person required help due to the episodic nature of the impairment.

<sup>2</sup> Continuous assistance - refers to needing significant help most or all of the time for an activity.

**B - Mental or Physical Impairment (continued)**

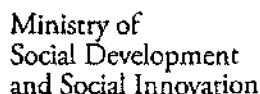
**Complete item #4 for an Applicant with an identified mental impairment or brain injury.**

**4. Cognitive and Emotional Functioning**

For each item indicate to what degree the applicant's mental impairment or brain injury restricts or impacts his/her functioning.

If impact is episodic or impact varies over time, please explain in the comment section below.	Impact on Daily Functioning			
	No impact	Minimal impact	Moderate impact	Major impact
Bodily functions (e.g., eating problems, toileting problems, poor hygiene, sleep disturbance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consciousness (e.g., orientation, alert/drowsy, confusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotion (e.g., excessive or inappropriate anxiety, depression, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impulse control (e.g., inability to stop doing something or failing to resist doing something)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight and judgement (e.g., poor awareness of self and health condition(s), grandiosity, unsafe behaviour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention/concentration (e.g., distractible, unable to maintain concentration, poor short term memory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive (e.g., planning, organizing, sequencing, abstract thinking, problem-solving, calculations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory (e.g., can learn new information, names etc. and then recall that information; forgets over-learned facts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation (e.g., lack of initiative; loss of interest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor activity (e.g., increased or decreased goal-oriented activity; co-ordination, lack of movement, agitation, ritualistic or repetitive actions, bizarre behaviours, extreme tension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language (e.g., expression or comprehension problems - e.g. inability to understand, extreme stuttering, mute, racing speech, disorganization of speech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotic symptoms (e.g., delusions, hallucinations, disorganized thinking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other neuropsychological problems (e.g., visual/spatial problems, psychomotor problems, learning disabilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other emotional or mental problems (e.g., hostility, explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments



**Persons With Disabilities  
Designation Application  
Section 3 - Assessor Report**

<p>Indicate the assistance required related to impairment(s) that directly restrict the applicant's ability to manage in the following areas: Check all that apply.</p>	<p>Independent</p>	<p>Periodic Assistance <sup>3</sup> from another person</p>	<p>Continuous assistance <sup>4</sup> from another person or unable</p>	<p>Uses Assistive device (Explain)</p>	<p>Takes significantly longer than typical (describe how much longer)</p>	<p>Explain / Describe (include a description of the degree and duration of support/supervision required)</p>
---	--------------------	---	---	--	---	--

Dressing							
Grooming							
Bathing							
Toileting							
Feeding self							
Regulating diet s							
Transfers (in/out of bed)							
Transfers (on/off chair)							

[illegible]

Going to and from stores					
Reading prices and labels					
Making appropriate choices					
Paying for purchases					
Carrying purchases home					

Additional comments (including a description of the type and amount of assistance required and identification of any safety issues):

3 **Periodic assistance** - refers to the need for significant help for an activity some of the time as would be the case where a person required help due to the episodic nature of the impairment.

4. **Continuous assistance** - refers to needing significant help most or all of the time for an activity.

5 Regulating diet - for example, issues related to eating disorders characterized by major disturbances in eating behaviour.



**C - Daily Living Activities (continued)**

Indicate the assistance required related to impairment(s) that directly restrict the applicant's ability to manage in the following areas: Check all that apply.	Independent	Periodic Assistance <sup>3</sup> from another person	Continuous assistance <sup>4</sup> from another person or unable	Uses Assistive device (Explain)	Takes significantly longer than typical (describe how much longer)	Explain / Describe (include a description of the degree and duration of support/supervision required)
---	-------------	---	--	------------------------------------	---	---

**Meals**

Meal planning						
Food preparation						
Cooking						
Safe storage of food (ability, not environmental circumstances)						

**Pay Rent and Bills**

Banking						
Budgeting						
Pay rent and bills						

**Medications**

Filling/refilling prescriptions						
Taking as directed						
Safe handling and storage						

**Transportation**

Getting in and out of a vehicle						
Using public transit (where available)						
Using transit schedules and arranging transportation						

Additional comments (Including a description of the type and amount of assistance required and identification of any safety issues):




**C - Daily Living Activities (continued)**

**Social Functioning** – only complete this if the Applicant has an identified mental impairment, including brain injury.

Indicate the support/supervision required, as related to restrictions in the following areas:	Independent	Periodic Support / Supervision	Continuous Support / Supervision	Explain / Describe (include a description of the degree and duration of support/supervision required)
Appropriate social decisions (incl. avoiding situations dangerous to self or others, good social judgement)				
Able to develop and maintain relationships				
Interacts appropriately with others (e.g., understands and responds to social cues; problem solves in social context)				
Able to deal appropriately with unexpected demands				
Able to secure assistance from others				
Other (specify)				

Describe how the mental impairment impacts the applicant's relationship with his/her:

- immediate social network (partner, family, friends)

☐ good functioning – positive relationships: assertively contributes to these relationships

☐ marginal functioning – little significant participation/communication: relationships often minimal and fluctuate in quality

☐ very disrupted functioning – aggression or abuse: major withdrawn: often rejected by others

Comments

- extended social networks (neighbourhood contacts, acquaintances, storekeepers, public officials, etc.)

☐ good functioning – positively interacts with the community; often participates in activities with others

☐ marginal functioning – little more than minimal acts to fulfill basic needs

☐ very disrupted functioning – overly disruptive behaviour; major social isolation

Comments

If the applicant requires help, as indicated above, please describe the support/supervision required which would help to maintain him/her in the community.

Additional Comments (including identification of any safety issues):

**D - Assistance Provided for Applicant**

**Assistance provided by other people**

The help required for daily living activities is provided by:

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Family  | <input type="checkbox"/> Health Authority Professionals (e.g. nurse) | <input type="checkbox"/> Community Service Agencies |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Volunteers                                  | <input type="checkbox"/> Other                      |

Comments: \_\_\_\_\_

If help is required but there is none available, please describe what assistance would be necessary.

**Assistance provided through the use of Assistive Devices**

What equipment or devices does the Applicant routinely use to help compensate for his/her impairment? Check appropriate items:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Cane              | <input type="checkbox"/> Lifting device | <input type="checkbox"/> Feeding device       | <input type="checkbox"/> Communicative devices               |
| <input type="checkbox"/> Crutches          | <input type="checkbox"/> Hospital bed   | <input type="checkbox"/> Breathing device     | <input type="checkbox"/> Interpretive services               |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> Prosthesis     | <input type="checkbox"/> Commode              | <input type="checkbox"/> Toileting aids                      |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Splints        | <input type="checkbox"/> Urological appliance | <input type="checkbox"/> Bathing aids                        |
| <input type="checkbox"/> Power wheelchair  | <input type="checkbox"/> Braces         | <input type="checkbox"/> Ostomy appliance     | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Scooter           |   |   | <input type="checkbox"/> Specially designed adaptive housing |

Please provide details on any equipment or devices used by the applicant:

If equipment is required but is not currently being used, please describe the equipment or device that is needed:

**Assistance provided by Assistance Animals**

Does the applicant have an Assistance Animal? ☐ Yes ☐ No

If yes, please specify either the nature of the assistance provided by the animal or the need:



**E - Additional Information**

Please provide any additional information that may be relevant to understanding the nature and extent of the applicant's impairment and its effect on daily living activities.

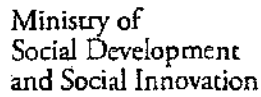
**F - Approaches and Informational Sources**

What approaches and information sources did you use to complete this form:

- ☐ office interview with applicant
- ☐ home assessment
- ☐ other assessments (specify) \_\_\_\_\_

☐ file/chart information (specify) \_\_\_\_\_

- ☐ family/friends/caregivers (specify) \_\_\_\_\_
- ☐ other professionals (specify) \_\_\_\_\_
- ☐ community services (specify) \_\_\_\_\_
- ☐ other (specify) \_\_\_\_\_



### G - Frequency of Contact

- ## H - Certification

Print Stamp Address

## NOTES

**SAMPLE**

SAMPLE



## Persons With Disabilities Designation Application

### Applicant Checklist

- ☐ Have you completed Section 1 – Applicant Information?
- ☐ Have you read and signed Section 1C – Declaration and Notification?
- ☐ Has Section 2 – Medical Report been completed and signed?
- ☐ Has Section 3 – Assessor Report been completed and signed?
- ☐ Did you keep a photocopy for your records?
- ☐ Did you remember to include any additional information you want considered?
- ☐ Has proof of legal authority to act on behalf of the applicant been attached?
- ☐ Do you wish to be notified when your application is received by Health Assistance Branch?  
If so, please check here and complete the form below
- ☐ Using the enclosed self-addressed envelope, please mail your completed application to:

Health Assistance Branch  
Ministry of Social Development and Social Innovation  
PO Box 9971 Stn Prov Govt  
Victoria, BC V8W 9R5

### Confirmation of application received by Health Assistance Branch

Name

Address

City/Town

Postal Code

Your application was  
received on:

Invoice No.

Invoice Date

### Prescribed Professional's Invoice

Applicant Name

Applicant Date of Birth

Personal Health Number

Date of Service

Completion of Assessors Report Section 3.....\$75.00

Description of Service

Make cheque payable to:

Supplier Name

Address

Postal Code

Telephone

Supplier Signature

Registration Number

SAMPLE

**Ministry of Social Development and Social Innovation**  
**Health Assistance Branch**  
**P.O. Box 9971 Stn Prov Govt**  
**Victoria BC V8W 9R5**





## MEDICAL REPORT - PERSONS WITH PERSISTENT MULTIPLE BARRIERS

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. For any questions concerning the collection, use or disclosure of this information, please contact your local Employment and Assistance office.

### A - PERSONAL IDENTIFICATION

Last Name	First Name	Middle Name
GA		
File Number	Personal Health Number	

### B - AUTHORITY TO RELEASE INFORMATION (Completed by Client)

I consent to the medical practitioner indicated below disclosing medical information about me, as requested in this form, to the Ministry of Social Development and Social Innovation for the purposes of assisting the ministry to assess employability and to determine if I qualify as a person who has persistent multiple barriers to employment.

Signature of Client	Date Signed (YYYY MMM DD)	Signature of Witness
---------------------	---------------------------	----------------------

### C - MEDICAL ASSESSMENT - To be completed by a Medical Practitioner (Please Print)

All questions must be answered completely in order for the Ministry of Social Development and Social Innovation to determine how a recipient's medical conditions may affect their employability. Incomplete information will result in the recipient not being adjudicated for the appropriate client category.

The contents of this report are confidential, but are subject to the following conditions:

- the report will be shared with the Applicant;
- the report will be shared with the Employment and Assistance Appeal Tribunal if an appeal is initiated; and
- the report may be reviewed by a ministry medical consultant.

#### 1. Medical Condition:

ICD9 or DSM Code

Date of Onset (YYYY MMM DD)

a. Primary medical condition:

b. Secondary medical condition(s):

c. Please describe any treatment/remedial approaches that have been tried to date or are expected in the future. To what degree have the treatment/remedial approaches improved or are expected to improve the above condition(s).

Treatment (i.e., therapies, medication, surgeries, etc.)	Outcome (i.e., stabilized conditions, no change, patient did not follow treatment, expecting surgery in 12 months)

d. How long has this condition(s) existed?

Years

Months

#### 2. Prognosis:

a. Expected duration of medical condition(s): ☐ Less than 2 years

☐ 2 years or more

Additional comments:

b. Medical condition(s) is episodic in nature ☐ Yes ☐ No

i) How frequently have the episodes occurred?

ii) How frequently are they likely to recur?

#### 3. Restrictions:

Please describe the nature of any restrictions specific to the above medical condition(s). (for example, restricted motion in arms or legs) (attach additional pages if required)



## MEDICAL REPORT - PERSONS WITH PERSISTENT MULTIPLE BARRIERS

### 4. Restrictions:

Please enclose copies of documentation that supports the severity and restrictions of the medical condition (e.g. laboratory reports, psychological reports, etc.)

### 5. Certification

Address including postal code (stamp or print)

I, \_\_\_\_\_ am a physician with the College

of Physicians and Surgeons of British Columbia and licensed to practice  
clinical medicine in BC.

☐ I am a general practitioner

☐ I am a specialist in \_\_\_\_\_

This report contains my findings and considered opinion at this time. I  
have been the patient's medical practitioner for:

☐ 6 months or less

☐ Over 6 months

If under 6 months ☐ I have examined previous medical records

☐ I have not examined previous medical records

Payment:

The fee for completing this form may be billed through MSP on  
Fee Item 96503. The ministry rate table is available at  
<http://www.bia.gov.bc.ca/rph/fees.htm>

Signature of Medical Practitioner

Date (YYYY-MM-DD)

Medical Practitioner Number

Telephone

# Persons with Persistent Multiple Barriers

Last Modified: 2016-10-05

## Overview

The Persons with Persistent Multiple Barriers (PPMB) category provides assistance to clients who have long-term barriers to employment that are not expected to be overcome in the short term despite all reasonable steps by the client. PPMB clients are exempt from employment obligations. An earnings exemption is available to encourage clients who want to work to try employment, gain experience, participate more fully in the community as they are able, and earn more income.

Clients may be assessed for PPMB if they have been on assistance for at least 12 of the past 15 months and are unable to achieve financial independence. Family units where one or both clients are eligible for PPMB may be provided the higher support rate and additional supplements.

PPMB applies to clients who are eligible under the *Employment and Assistance Act*. PPMB is not included in the *Employment and Assistance for Persons with Disabilities Act*. Therefore, PPMB cannot be assessed for spouses of clients with the Persons with Disabilities (PWD) designation.

It is recognized that some clients in this category may overcome their barriers over time and improve their employability while others may not. Some may have medical conditions that worsen over time and require additional supports. This is why the PPMB category provides clients with time and supports to overcome their barriers and move towards independence, or transition to other client categories, including PWD designation.

## Policy

Expand All | Collapse

All

### Criteria

Effective: July 26, 2004.

Recipients who qualify for Persons with Persistent Multiple Barriers (PPMB) are those who have received assistance for at least 12 of the past 15 months and meet **one** of the following criteria:

- has severe multiple barriers to employment (that is, a score of 15 or greater on the Employability Screen) and has taken all reasonable steps to overcome these barriers **and** has a medical condition (excluding addictions) that has lasted for at least one year and is likely to continue or recur frequently for at least two years, and which is a severe barrier that **seriously impedes** the person's ability to search for, accept, or continue in employment

OR

- has a medical condition (excluding addictions) that has lasted for at least one year and is likely to continue or recur frequently for at least two years, and, **in itself, precludes** the person from searching for, accepting, or continuing in employment, regardless of their score on the Employability Screen (may or may not have severe multiple barriers to employment)

A person with *PPMB* will be reassessed at least every two years.

### **Medical Condition: Seriously Impedes or Precludes**

Effective: March 1, 2006

**Note:** In cases where both a medical condition and an addiction issue have been identified as barriers to employment, it must be determined whether in the absence of the addiction issue, the medical condition would be considered to seriously impede or preclude employment.

#### **Seriously Impedes**

A medical condition is considered to seriously impede the recipient's ability to search for, accept, or continue in employment when, as a result of the medical condition, the recipient is unable to participate in any type of employment that would enable independence from income assistance.

When determining if the medical condition seriously impedes employment, the following factors should be taken into consideration:

- Number of hours a recipient can work
- Hourly rate a recipient could earn
- Skills and experience of the recipient
- Impact of the medical condition on the recipient's ability to work full-time or only part-time
- Impact of the medical condition on the recipient's ability to work on a regular or sporadic basis

**Note:** To be eligible for PPMB, recipients whose medical condition seriously impedes, rather than precludes, employment, must also score 15 or more on the Employability Screen (HR2797).

Recipients who have scored 15 or more on the Employability Screen should be assessed for whether their condition seriously impedes, rather than precludes, employment.

#### **Precludes**

A medical condition is considered to preclude the recipient from searching for, accepting or continuing in employment when as a result of the medical condition, the recipient is unable to participate in any type of employment for any length of time, except in a supported or sheltered-type work environment.

When determining if the nature of the employment is as minimal or insignificant as to effectively "preclude" the recipient from employment, the following factors should be used when assessing eligibility:

- Is the focus of the work on socialization where the activities are highly supported or supervised (e.g., recycling workshop)
- Is the recipient limited by the medical condition to very minimal hours on an infrequent basis (e.g., 1-2 hours of babysitting once or twice a month)
- Is the recipient's involvement very sporadic or casual (e.g., occasional lawn mowing or housekeeping; or delivering flyers once a month)
- Is the work more likely to be considered volunteering and compensation, if any, minimal (e.g., covers the costs of volunteering)

**Note:** Recipients who are precluded from any type of employment may also require assistance with daily living activities and could qualify for Persons with Disabilities (PWD). Recipients should be informed of the option of application for designation as a PWD.

[For examples of when a medical condition seriously impedes or precludes employment, see Procedures – Case Examples.]

### **Steps to Overcome Barriers**

Effective: April 2, 2012

The following guidelines outline factors to be considered by ministry staff when determining if a person has taken **all reasonable steps to overcome their barriers** to employment.

This requirement only applies when a person has barriers that **seriously impede** the person's ability to search, accept or continue in employment and does not apply to medical conditions. These guidelines assist ministry staff to assess PPMB when reviewing the information provided, such as the Employability Screen, the PPMB Checklist, the Employability Profile, the Employment Readiness Information Questionnaire, and the Employment Plan.

"All reasonable steps to overcome their barriers" refers to a person's participation in interventions that address barriers that are preventing the person from working.

The factors recognize that each person's barriers to employment are unique so the reasonable steps to overcome those barriers will vary from person to person. If the factors suggest that the person has taken all steps that the ministry considers reasonable for the person to overcome their barriers, and all other eligibility requirements are met, the client is eligible for PPMB.

**Note:** the factors to be considered are **not** all-inclusive as it is important to preserve the discretion of the ministry decision maker and allow for flexibility to assess uncommon or unexpected circumstances.

When assessing the information provided to determine if a person has taken **all reasonable**

**steps to overcome their barriers**, consider the following:

### **1. The steps taken by the person**

A step is an action taken by the person with the goal to overcome a barrier to employment. The steps taken may include a wide range of interventions from formal employment programs to personal actions to better enable the individual to address their barriers. The person or the ministry through a referral may initiate the steps. When reviewing the steps taken, consider the following factors:

- If the steps taken are related to barriers identified on the Employability Screen
- Whether the person has attempted or completed an intervention program
- The availability of intervention programs in the community where the person is residing
- Whether education interventions meet eligibility requirements for income assistance. For example, unfunded programs of study require ministry pre-approval and must be identified in the person's Employment Plan
- The types of steps taken, including but not limited to:
  - Employment programs ( e.g. Employment Program of British Columbia (EPBC), Service Canada, Ministry of Jobs, Tourism and Innovation, non-profit organizations, etc.)
  - Literacy training
  - Adult basic education
  - Community Assistance Program (replaced by EPBC)
  - Bridging Program (replaced by EPBC)
  - Supervised Independent Work Search
  - Volunteering
  - Training courses such as WHMIS, Foodsafe, Serving-it-Right, Flagging

### **2. The steps taken are reasonable**

The steps the person takes to overcome employment barriers must be determined as reasonable by the ministry. Reasonable means that the steps are fair and sound in the context of the person's abilities and the interventions that are available. When reviewing whether the steps taken are reasonable, consider the following factors:

- If the person has exhausted all available interventions to overcome their barriers
- If relevant interventions identified in the person's Employment Plan or Voluntary Participation Plan or EPBC Action Plan (if applicable) were followed through
- Whether the person demonstrates active participation to the best of their abilities, in the activities intended to move them towards independence
- Whether the steps taken are intended to overcome their barriers
- Whether the person is able to participate in an intervention to overcome a barrier given their medical condition
- If the steps are within the person's capabilities according to the particular barrier

Example where a person **may have** taken all reasonable steps to overcome their barriers:

- A person with an anxiety disorder has attempted all interventions to overcome their barriers identified on the employability screen. However, despite their best efforts, they have not been able to take public transit or be in large groups of people due to their anxiety to complete the interventions. Although they have not completed the interventions, since they have attempted them to the best of their ability, the person has taken all reasonable steps.

Examples where a person **may not have** taken all reasonable steps to overcome their barriers:

- A person with the potential to overcome their barriers has chosen not to attempt any interventions. Their Employment Plan includes interventions that have not been followed through on and the person is refusing a referral to a program or service with no apparent reason.
- A person has attempted some interventions but has not exhausted all that are available. The person is attending school part time to address education barriers, but they have not followed through on a referral to an employment program to address employment barriers.

### **Income Assistance and Supplements**

Effective: October 1, 2012

*Family units* where one adult is eligible for *PPMB* may be eligible for:

- higher support rate [see Rate Table: Income Assistance Rates]
- medical coverage that includes general health supplements [see Related Links – Health Supplement Summary]
- dental supplements [see Related Links – Dental and Orthodontic Services]
- earnings exemption [see Related Links – Income Treatment and Exemptions – Policy – Earned Income]