



## Disability Tax Credit Renewal – Manitoba Pilot

The information provided in this form will be used by the Canada Revenue Agency (CRA) to determine whether the eligibility of the individual applying for the disability tax credit (DTC) can be renewed. For more information, refer to the DTC web pages at [canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit) or [canada.ca/dtc-renewal-manitoba](https://canada.ca/dtc-renewal-manitoba).



Feedback survey

### Part A – Individual's section (mandatory)

#### 1) Tell us about the person with the disability

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Social insurance number: 

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Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Province: **Manitoba**

Postal code: 

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 Date of birth: 

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Year Month Day

#### 2) Authorization

As the person with the disability or their legal representative:

I give permission for my medical practitioner(s) to provide the CRA with information from their medical records in order for the CRA to determine my eligibility.

Signature: \_\_\_\_\_

If this form is not signed by the person with the disability or their legal representative (or, if the person is under 18, their legal guardian), the CRA will not process this form.

**INFORMATION ONLY**

#### Claiming the credit

If your eligibility for the DTC is extended, you may be able to claim the amount on future tax returns. If you are eligible but did not claim the DTC amount for previous years, you can request a change to your return through the Change my return service in your CRA My Account or certified tax software using ReFILE. For more information, go to [canada.ca/change-tax-return](https://canada.ca/change-tax-return).

If someone other than the person indicated in section 1 will be claiming the credit, they must submit Form T1-ADJ and include details of the support they provide to the person with the disability, and for which years the support was provided. For the purposes of the DTC, support is limited to some or all of the basic necessities of life, such as food, shelter, and clothing.

#### Next steps:

Step 1 – Ask your medical practitioner to complete page 2 of this form.

Medical doctors and nurse practitioners can certify all categories for the DTC. To find out which categories other medical practitioners can certify, go to [canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit).

Step 2 – Make a copy of the completed form for your records.

Step 3 – Refer to the general information below for instructions on how to submit your form to the CRA.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 218 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

### General information

#### If you need help

For more information, go to [canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit), see Guide RC4064, Disability-Related Information, or call 1-800-959-8281.

#### Forms and publications

To get our forms and publications, go to [canada.ca/cra-forms](https://canada.ca/cra-forms) or call 1-800-959-8281.

#### How to send in your form

You can send your completed form at **any time** during the year, online or by mail. Sending your form before you file your annual income tax and benefit return may help us assess your return faster.

To submit online, scan your form and send it through the "Submit documents" service in My Account at [canada.ca/cra-sign-in-services](https://canada.ca/cra-sign-in-services).

Winnipeg Tax Centre  
Post Office Box 14000, Station Main  
Winnipeg MB R3C 3M2

Sudbury Tax Centre  
Post Office Box 20000, Station A  
Sudbury ON P3A 5C1

Jonquière Tax Centre  
2251 René-Lévesque Blvd  
Jonquière QC G7S 5J2

## Part B – Medical practitioner's section

This form will only be used to determine continued eligibility for the disability tax credit (DTC) for the individuals who received an invitation letter for this pilot program. This form cannot be used to submit a new application or to apply for a different impairment. Instead, use Form T2201, Disability Tax Credit Certificate. For information on which categories each medical practitioner can certify, go to [canada.ca/disability-tax-credit](http://canada.ca/disability-tax-credit).

- 1) Is your patient considered **legally blind** (acuity is 20/200 or worse, or the greatest diameter of the field of vision is 20 degrees or less) in both eyes? ☐ Yes ☐ No
- 2) Does your patient continue to require **life-sustaining therapy** which supports a vital function, and which is needed at least 2 times per week for an average of at least 14 hours per week, with such time being taken away from normal everyday activities? ☐ Yes ☐ No

If you answered yes to either of the questions above, and no other category applies to your patient, skip to question 5.

- 3) Identify the categories in which your patient continues to have a **marked restriction**:

- ☐ Speaking ☐ Hearing ☐ Feeding ☐ Mental functions necessary for everyday life
- ☐ Walking ☐ Dressing ☐ Eliminating (bowel or bladder functions) ☐ Not applicable

- 4) If your patient was previously approved under the cumulative effect of significant limitations, do they continue to have significant limitations in 2 or more of the categories listed in question 3 above (including their ability to see) despite the use of appropriate therapy, medication, and devices? ☐ Yes ☐ No

If **yes**, do these limitations exist together all or substantially all of the time, and their combined effect rises to the level of having the equivalent of a marked restriction?

☐ Yes ☐ No

- 5) Have the effects of your patient's impairment remained the same or worsened since they were last approved for the DTC? ☐ Yes ☐ No

- 6) Is your patient's impairment likely to improve to such an extent that they would no longer be legally blind, require life-sustaining therapy, have a marked restriction, or have the equivalent of a marked restriction? ☐ Yes ☐ No

If **yes**, provide the expected year of improvement:

Year

### Definitions

**Marked Restriction** – For the categories of speaking, hearing, walking, eliminating, feeding, dressing, and the mental functions necessary for everyday life, a marked restriction exists when an individual is unable or takes an inordinate amount of time to perform that activity all or substantially all of the time, despite the use of any applicable medication, devices, and therapy.

**Inordinate amount of time** – When an activity takes at least 3 times longer for an individual to complete, when compared to a person of similar age without an impairment in the same category.

**All or substantially all of the time** – Generally considered to be at least 90% of the time.

### Certification (mandatory)

Select the medical practitioner type that applies to you. Tick one box only:

- ☐ Medical doctor ☐ Nurse practitioner ☐ Optometrist ☐ Occupational therapist
- ☐ Audiologist ☐ Physiotherapist ☐ Psychologist ☐ Speech-language pathologist

As a medical practitioner, I certify that this information is correct to the best of my knowledge. I understand that this information will be used by the CRA to make a decision on my patient's eligibility for the DTC.

Signature: \_\_\_\_\_

It is a serious offence to make a false statement.

**INFORMATION ONLY**

Name (print): \_\_\_\_\_

Medical license or registration number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Year Month Day