

General Information

Under the Allowance for Special Needs Program, students with a major functional disability or other recognized disability can obtain financial assistance to purchase equipment or materials that compensate for the effects of their disability and that they require to pursue their studies at home (i.e. computer and peripherals, communication aid device, adaptive equipment). Please note, however, that adaptive equipment or material resources do not include furniture (e.g. chair, table, bed).

A recognized functional disability is permanent and persistently and significantly limits a student's ability to perform his or her academic activities:

Severe hearing impairment	Language or speech impairment
Severe visual impairment	Paralysis of a single limb
Motor impairment	Paresis of one or more limbs
Organic impairment	Minimum hearing threshold of 25 decibels

The Program is intended for full-time or part-time students at the preschool (aged 5 years on October 1), elementary or secondary levels. Part-time studies are defined as follows: 20 course hours or more per month.

The following material resources are available:

• Adaptive equipment

Specialized software

For example, software that enables students with a severe visual impairment to gain access to books in electronic form (e.g. XDI) are reimbursed.

Computer access device

Only substitutes or alternatives to a standard keyboard (e.g. keyboard with large letters), a standard mouse (e.g. mouth pointing device), and a standard screen (e.g. software to enlarge cursor or pointer) are reimbursed.

Note: If the adaptive equipment that you recommend is not included in the categories listed above, you must send us a letter explaining why the student requires that material.

• Devices

Desktop or laptop computer

The maximum reimbursement for the purchase of a computer is usually \$2 000, including taxes. These expenses include the computer, screen, keyboard, printer, modem, mouse and, if applicable, the system software (e.g. Windows) and office automation software (e.g. Office). A carry bag and speakers are only reimbursed if recommended to compensate for the effects of a disability. Expenses to purchase an antivirus and extended warranty are not reimbursed.

A student can apply for the reimbursement of computer expenses only once in his or her lifetime.

Additional peripherals

Only those additional peripherals that are related to a computer acquired under the Allowance for Special Needs Program and the required adaptation are reimbursed, in addition to the amounts provided for above, if they are required to offset the effects of the student's disability. They must have been purchased at the same time as the computer.

Communication aid device

In the case of a person with particular difficulty in making himself or herself understood, expenses for an augmentative communication device are reimbursed. The device must enable the user to construct messages with symbols or pictograms, which are subsequently translated into an auditory message or a text. Considering the cost and complexity of such devices, it is strongly suggested that you consult an augmentative communication expert before making a recommendation.

A student may apply for such a device only once in his or her lifetime.

Information relating to the Allowance for Special Needs Program is available on our Web site at www.afe.gouv.qc.ca. Simply click on *Other programs* under the *Items of Interest* section.

Required documents

- If this is the first application for an allowance for special needs, you must attach a proof of the student's citizenship.

➤ Canadian citizen by birth	A copy of the birth certificate or a copy of the act of birth showing the first and last names of both the father and mother
➤ Naturalized Canadian citizen	A copy of both sides of the student's <i>Commemoration of Canadian Citizenship</i> certificate issued by Citizenship and Immigration Canada
➤ Permanent resident	A copy of the record of landing issued by Citizenship and Immigration Canada (IMM 1000), copy of the <i>Confirmation of Permanent Resident</i> form (IMM 5292) or copy of both sides of the permanent resident card issued by Citizenship and Immigration Canada
➤ Refugee or protected person	<i>Certificat de sélection du Québec</i> (Québec selection certificate) issued by the Ministère de l'Immigration et des Communautés culturelles AND Notice of decision issued by the Immigration and Refugee Board or Pre-Removal Risk Assessment decision issued by Citizenship and Immigration Canada OR <i>Protected Person Status Document</i> issued by Citizenship and Immigration Canada

- The *Studies and Confirmation* section (section 3) must be filled out in all cases.
- The *Recommendation* section (section 5), must be filled out for any application relating to a device or adaptive equipment.
- The *Medical certificate – Major functional disabilities and other disabilities* section (section 6) must be filled out to justify any functional disability. It is not required in subsequent applications if there have been no changes in the student's circumstances.
- Only one bid is required for the purchase of material resources.

Procedure

- Fill out the form in block letters.
Important! **You must have section 3, *Studies and Confirmation*, filled out.**
- Obtain authorization from Aide financière aux études before purchasing a device or adaptive equipment.
- Be sure that the cheque is issued in the student's name.
- The application must be faxed to us at 418-528-0318 or mailed to:

1035, rue De La Chevrotière
Québec (Québec) G1R 5A5

Note: The student or the person with parental authority must send the paid invoice, which confirms the purchase of a device or adaptive equipment, to Aide financière aux études within 60 days of receipt of the allowance (cheque). The student's name and permanent code must be written on the invoice.

Overpayments, if applicable, will be recovered.

Following your application, we will render a decision on the basis of the rules in effect. If you believe that a decision was not rendered in accordance with the rules in effect, you can apply for a review of that decision. Please note that such applications must be filed in writing and sent to the following address:

Bureau de révision
Bureau des plaintes et des droits de recours
Ministère de l'Éducation, du Loisir et du Sport
1035, rue De La Chevrotière
Québec (Québec) G1R 5A5

For more information, call us at 418-646-6006 or at 1-866-946-6006 (toll-free in Canada and the U.S.). If you are hearing impaired, call 711 (Bell Relay Service) and ask for 418-646-6006.

Last name of student

First name

Permanent code assigned by Ministère

4 Signature of father, mother or sponsor

I hereby certify that the information provided is accurate and complete.

Date

Y M D

Signature of father, mother or sponsor X _____

In accordance with the *Act respecting access to documents held by public bodies and the protection of personal information*, you are entitled to access and have corrected any personal information concerning you that is held by the Ministère.

5 Recommendation

This section must be completed by an occupational therapist, speech therapist or audiologist.

A. Details _____

Please define the needs for the devices or adaptive equipment and specify, for each item recommended, why it is essential **at home** to compensate for the effects of the disability or to enable the student to pursue his or her studies. If you need more space, please attach a separate sheet. Please note, however, that the material resources you are recommending do not include furniture (e.g. chair, table, bed).

Please print using block letters.

B. Identification and signature of the occupational therapist, speech therapist or audiologist _____

Please print using block letters.

Last name: _____

Professional licence number: _____

First name: _____

Telephone: _____

Work address: _____

Fax: _____

Profession: _____

Date

Y M D

Signature X _____

Last name of student

First name

Permanent code assigned by Ministère

6 Medical certificate – Major functional disabilities and other recognized disabilities (cont.)

C. Diagnosis

Please print using block letters .

1- What is the diagnosis? _____

2- Give the date of the diagnosis. Y M D

3- The disability is: Temporary Permanent

4- Can you confirm that the student's disability significantly and persistently limits his or her ability to perform academic activities? .. Yes No

Specify: _____

D. Identification and signature of general practitioner or specialist

Last name

Professional licence number

First name

Telephone

Area code

Profession: _____

Address of office: _____

Signature **X**

Date Y M D