

**Student Information** Application Year: \_\_\_\_\_

Student Assistance File #	First Name	Last Name	Birth Date
Name of School & Campus	Program	Program Start Date	Program End Date
Address:			

**Nature of Disability**

<input type="checkbox"/> Deaf, Hard of Hearing	<input type="checkbox"/> Blind, Low Vision	<input type="checkbox"/> Physical	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Chronic Illness Please specify:	
<input type="checkbox"/> Other (Head Injury, Cerebral Palsy, Cognitive, Autism Spectrum, etc.) Please specify:			

**Education-Related Costs to be Covered**

<input type="checkbox"/> Tutors	<input type="checkbox"/> Note Takers	<input type="checkbox"/> Learning Strategist	<input type="checkbox"/> Interpreters	<input type="checkbox"/> Attendant for Studies
<input type="checkbox"/> Learning Disability Assessment		<input type="checkbox"/> Computer/Assistive software/Assistive accessories		
<input type="checkbox"/> Technical Aids/Equipment (CCTVs, FMs, etc.)		<input type="checkbox"/> Specialized Transportation (to/from Institution only)		
<input type="checkbox"/> Other:(Please specify):				

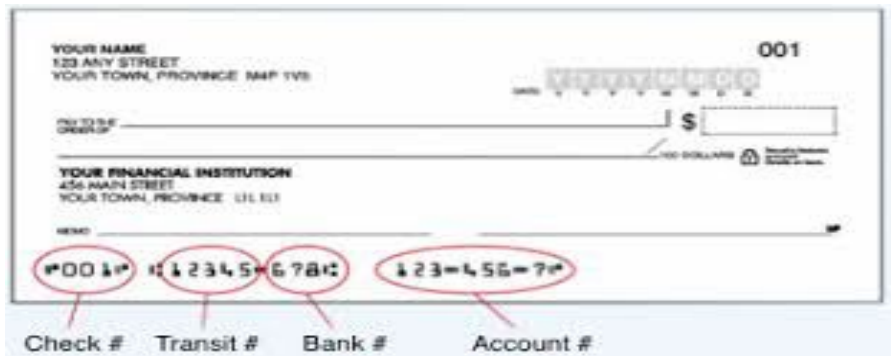
**Banking Information for Direct Deposit**

There are three ways to provide your banking information to Post-Secondary Accessibility Services:

- Enclose a copy of a void cheque OR
- Enclose a completed direct deposit form from your bank OR
- Provide your banking information in the area below

You are requesting funding for services and/or equipment required to participate in your program of study. If approved, the funds will be direct deposited to your bank account. Please enter your banking information below. Note: The account must be in your name (solely or jointly), and be held at a Canadian Bank, trust Company or Credit Union.

Transit #:	Bank #:	Account #:
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**Any changes to your banking information, please contact us at [psas@novascotia.ca](mailto:psas@novascotia.ca)**

### School's Accessibility Services Advisor's Approval (ASA, Student Services, Registrar)

I have verified the student's disability and reviewed the educational-related costs to be covered. I hereby confirm the student's need for the education-related accommodations and services at the costs indicated on the enclosed forms. Cost estimates have been provided. I also confirm that the above-named student is enrolled and registered at this school for the current study period.

**Print Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
*Accessibility Services Advisor*

**Signature:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Accessibility Services Advisor*

### Student's Declaration

I require this assistance to cover the cost of the educational accommodations and/or services related to my disability(ies) as noted above. I understand that I may be required to repay all or part of this assistance if the information is found to be inaccurate for any reason or if my study period and/or my course load changes. I hereby agree to provide, by the end of my study period, receipts showing that funds were spent for their intended purposes.

I hereby authorize and consent to Post-Secondary Accessibility Services using the banking information I have provided here in order to deposit the Services and Equipment Grant funding amount that I am entitled to into the bank account identified. If I need to change the banking information on file I can get information on how to do so by contacting Post-Secondary Accessibility Services ([psas@novascotia.ca](mailto:psas@novascotia.ca)).

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Nova Scotia Department of Advanced Education uses relevant personal information, including your Social Insurance Number, to administer the Nova Scotia Student Assistance Program and Post-Secondary Accessibility Services Program. This includes determining eligibility and verifying the application, any loans approved, and grants issued. Your personal information is protected by *The Nova Scotia Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of your personal information, including health information, please contact the NS Student Assistance Office at 1-800-565-8420. As part of the application process, the Department may be required to contact the educational institution for the purpose of verifying the application and to administer the Canada Student Grant/Post-Secondary Accessibility Grant for Services & Equipment for Students with Disabilities.

Please list each piece of equipment, software and/or assistive technology that is needed to overcome disability-related barriers to your program of study. **Each request must have one cost estimate or copy of paid invoice.** Be sure the cost estimate includes the appropriate warranty, taxes and shipping costs.

Name of Student: \_\_\_\_\_

Student Assistance File #: \_\_\_\_\_

Name of School & Campus: \_\_\_\_\_

Program: \_\_\_\_\_

New Student:

Returning Student:

Equipment / Assistive Technology	Name of Supplier	Total Cost

**Reason for request:**

*Please advise student that copies of receipts for all equipment showing proof of payment must be sent to our office by the end of each term/semester. If these are not provided, they will not be eligible for future funding.*

## SERVICES REQUEST FORM

*(Tutoring, Note Taking, Academic Strategist, Attendant Care, Interpreting Services, Alternate Format, Specialized Transportation)*

The information on this form will be used for processing your requests for services funding that may be available through the Canada Student Grant for Students with Disabilities/Post-Secondary Accessibility Services. **Please use a separate form for each type of service request.**

Name of Student: \_\_\_\_\_

Student Assistance File #: \_\_\_\_\_

Name of School & Campus: \_\_\_\_\_

Program: \_\_\_\_\_

Type of Service: \_\_\_\_\_

New Student:  Returning Student:

Service Start Date: \_\_\_\_\_

Service End Date: \_\_\_\_\_

COURSE(S)	# Hours per Week	# Weeks	Hourly Rate/ or Course Rate	Estimated Amount

**Reason for request:**

*Please advise student that any approved services funding must be carefully logged, and that Invoices/receipts must be itemized showing each course, dates and hours of usage. If these are not sent in, future funding will not be released.*

**Electronic Form Instructions:**

**Must Do:**

- Download this receipt & save to your computer.
- Type in the information below.
- Save the receipt form to your computer.
- Upload the receipt form to MyPATH.
- Receipt form(s) must be submitted by the end of the semester/term.
- A separate receipt form is required for each service provider.

**Do Not:**

- Handwritten receipt forms will not be accepted.
- Emailed, faxed or mailed receipt forms will not be accepted.
- Photo files of the receipt forms will not be accepted.

Should you have funds that need to be returned, mail a cheque addressed to Minister of Finance at Thompson Building, 1256 Barrington Street – 5<sup>th</sup> Floor Halifax, Nova Scotia B3J 1Y6.

<b>STUDENT Name:</b>	<b>SERVICE PROVIDER Name:</b>
<b>STUDENT Loan File Number:</b>	<b>SERVICE PROVIDER Preferred Email Address:</b>
<b>STUDENT Address:</b> <i>Funding will be sent to your MyPATH mailing address. Please update your mailing address and contact information in MyPATH if needed.</i>	<b>Semester/Term (Fall/Winter/Summer):</b>

**Service Type:**

Date	Course Name	Number of Hours	Hourly Rate	Amount Paid
Total Hours			Total Amount	

*I understand that by typing my name below I certify that the information is complete and accurate, I have received the services stated above, and I am responsible to provide payment to the service provider in the amount specified above.*

Student name (please type): \_\_\_\_\_ Date: \_\_\_\_\_

**After completing the receipt form electronically, upload it to your MyPATH account.**