

when completed

Disability Tax Credit Certificate

Use this form to apply for the disability tax credit (DTC). The Canada Revenue Agency (CRA) will use this information to make a decision on eligibility for the DTC. See the "General information" on page 6 for more information.

Step 1 – Fill out and sign the sections of Part A that apply to you.

Step 2 - Ask a medical practitioner to fill out and certify Part B.

Step 3 - Send the form to the CRA.

Part A – To be filled out by the taxpayer

Section 1 – Information about	the person with the di	isability	
First name and initial	Last name	•	Social insurance number
Mailing address (Apt No. – Street No. Street	et name PO Box RR)		
- Walling address (Apriles - Circle No. Circle	triame, i o box, ritty		
City	Province or territory	Postal code Date	Year Month Day
Section 2 – Information about	the person claiming tl	he disability amount (if o	lifferent from above)
First name and initial	Last name		Social insurance number
The person with the disability is: my s	spouse/common-law partner	my dependant (specify):	
Answer the following questions for all of the	e years that you are claiming the	e disability amount for the person	with the disability.
1. Does the person with the disability live w	ith you?		Yes No
If yes , for which year(s)?			
2. If you answered no to Question 1, does no you for one or more of the basic neces			Yes No
If yes , for which year(s)?		_	
more space, attach a separate sheet of page	per). We may ask you to provide	e receipts or other documents to s	support your request.
Section 3 – Adjust your incom	e tax and benefit retui	rn	
Once eligibility is approved, the CRA can a your dependant under the age of 18 . For			
Yes, I want the CRA to adjust my retu	irns, if possible. No, I d	do not want an adjustment.	
Section 4 – Authorization			
As the person with the disability or their I • Medical practitioner(s) can give informati • The CRA can adjust my returns, as appli	on to the CRA from their medic	cal records or discuss the informat	ion on this form.
• The ONA can adjust my returns, as appli	1		l
Sign here: Personal information is collected under the Income Tax		ephone	Year Month Day

such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request 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 at canada.ca/cra-info-source.



Patient's name:	Protected B	when completed
Part B – Must be filled out by the medical practitioner Step 1 – Fill out only the section(s) on pages 2 to 4 that apply to your patient. Each category states which medical paths information in this part.	oractitioner(s)	can certify
Note Whether filling out this form for a child or an adult, assess your patient compared to someone of similar ag	ge with no im	pairment.
Step 2 – Fill out the "Effects of impairment", "Duration", and "Certification" sections on page 5. If more information the Canada Revenue Agency (CRA) may contact you.	on is needed,	•
Eligibility for the DTC is based on the effects of the impairment, not on the medical condition itself. For definitions and that may qualify for the DTC, see Guide RC4064, Disability-Related Information. For more information, go to canada		
Vision — Medical doctor, nurse practitioner, or optometrist Your patient is considered blind if, even with the use of corrective lenses or medication, their vision meets any of the The visual acuity in both eyes is 20/200 (6/60) or less, with the Snellen Chart (or an equivalent). • The greatest diameter of the field of vision in both eyes is 20 degrees or less.	ne following c	riteria:
1. Is your patient blind , as described above?	Yes	No 🗌
If yes , when did your patient become blind (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?		Year
2. What is your patient's visual acuity after correction?	Right eye	Left eye
3. What is your patient's visual field after correction (in degrees if possible)?	Right eye	Left eye
 They are unable or take an inordinate amount of time to speak so as to be understood by another person fami in a quiet setting. This is the case all or substantially all of the time (at least 90% of the time). 	liar with the p	oatient,
Is your patient markedly restricted in speaking, as described above?	Yes	No 🗌
If yes , when did your patient's restriction in speaking become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?		Year
Hearing – Medical doctor, nurse practitioner, or audiologist		<u> </u>
Your patient is considered markedly restricted in hearing if, even with appropriate devices, they meet both of the form	_	ria:
 They are unable or take an inordinate amount of time to hear so as to understand another person familiar with in a quiet setting. 	the patient,	
• This is the case all or substantially all of the time (at least 90% of the time).		
Is your patient markedly restricted in hearing, as described above?	Yes	No 🗌
If yes , when did your patient's restriction in hearing become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?		Year
Walking – Medical doctor, nurse practitioner, occupational therapist, or physiotherapist		
Your patient is considered markedly restricted in walking if, even with appropriate therapy, medication, and device the following criteria:	es, they meet	both of
They are unable or take an inordinate amount of time to walk.		
• This is the case all or substantially all of the time (at least 90% of the time).		
Is your patient markedly restricted in walking, as described above?	Yes	No 🗌
If yes , when did your patient's restriction in walking become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?		Year

Patient's name:	Protected B when completed
Eliminating (bowel or bladder functions) – Medical doctor or nurse practitioner	_
Your patient is considered markedly restricted in eliminating if, even with appropriate therapy, medication, and the following criteria:	I devices, they meet both of
• They are unable or take an inordinate amount of time to personally manage bowel or bladder functions.	
• This is the case all or substantially all of the time (at least 90% of the time).	
Is your patient markedly restricted in eliminating, as described above?	Yes No
If yes , when did your patient's restriction in eliminating become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?	Year
Feeding – Medical doctor, nurse practitioner, or occupational therapist	
Your patient is considered markedly restricted in feeding if, even with appropriate therapy, medication, and de the following criteria:	vices, they meet both of
• They are unable or take an inordinate amount of time to feed themselves.	
• This is the case all or substantially all of the time (at least 90% of the time).	
Feeding yourself does not include identifying, finding, shopping for, or obtaining food.	
Feeding yourself does include preparing food, except when the time spent is related to a dietary restriction or rethe restriction or regime is needed due to an illness or medical condition.	egime, even when
Is your patient markedly restricted in feeding, as described above?	Yes No
If yes , when did your patient's restriction in feeding become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?	Year
Dressing – Medical doctor, nurse practitioner, or occupational therapist	
Your patient is considered markedly restricted in dressing if, even with appropriate therapy, medication, and d the following criteria:	evices, they meet both of
• They are unable or take an inordinate amount of time to dress themselves.	
• This is the case all or substantially all of the time (at least 90% of the time).	
Dressing yourself does not include identifying, finding, shopping for, or obtaining clothing.	
Is your patient markedly restricted in dressing, as described above?	Yes No
If yes , when did your patient's restriction in dressing become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?	Year
Mental functions necessary for everyday life – Medical doctor, nurse practitioner, or	r psychologist
Your patient is considered markedly restricted in performing the mental functions necessary for everyday life (with appropriate therapy, medication, and devices (for example, memory aids and adaptive aids), they meet both	described below) if, even h of the following criteria:
• They are unable or take an inordinate amount of time to perform these functions by themselves.	
• This is the case all or substantially all of the time (at least 90% of the time).	
Mental functions necessary for everyday life include:	
 adaptive functioning (for example, abilities related to self-care, health and safety, abilities to initiate and respondent common, simple transactions) 	and to social interactions,
 memory (for example, the ability to remember simple instructions, basic personal information such as name a of importance and interest) 	and address, or material
 problem-solving, goal-setting, and judgment taken together (for example, the ability to solve problems, set ar the appropriate decisions and judgments) 	nd keep goals, and make
Note A restriction in problem-solving, goal-setting, or judgment that markedly restricts adaptive functioning, all or (at least 90% of the time), would qualify.	substantially all of the time
Is your patient markedly restricted in performing the mental functions necessary for everyday life, as described above?	Yes No
If yes , when did your patient's restriction in performing the mental functions necessary for everyday life become a marked restriction (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?	Year

Patient's name:	Trototod B when completed
Life-sustaining therapy – Medical doctor or nurse practitioner	
Life-sustaining therapy for your patient must meet both of the following criteria:	
• Your patient needs this therapy to support a vital function, even if this therapy has eased the symptoms.	
• Your patient needs this therapy at least 3 times per week, for an average of at least 14 hours per week.	
The 14-hour per week requirement Include only the time your patient must dedicate to the therapy – that is, the patient has to take time away from to receive it.	normal, everyday activities
If a child cannot do the activities related to the therapy because of their age, include the time spent by the child's and supervise these activities.	s primary caregivers to do
Do not include the time a portable or implanted device takes to deliver the therapy, the time spent on activities restrictions or regimes (such as carbohydrate calculation) or exercising (even when these activities are a factor in dosage of medication), travel time to receive therapy, medical appointments (other than appointments where the shopping for medication, or recuperation after therapy.	n determining the daily
1. Does your patient need this therapy to support a vital function?	Yes No
2. Does your patient need this therapy at least 3 times per week?	Yes No
3. Does this therapy take an average of at least 14 hours per week?	Yes No
If yes , when did your patient's therapy begin to meet the above criteria (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?	Year
It is mandatory that you describe how the therapy meets the criteria as stated above. If you need more space, u sign it and attach it to this form.	se a separate sheet of paper,
Cumulative effect of significant restrictions – Medical doctor, nurse practitioner, or o	occupational therapist
Note: An occupational therapist can only certify limitations for walking, feeding and dressing.	
Answer all the following questions to certify the cumulative effect of your patient's significant restrictions.	
1. Even with appropriate therapy, medication, and devices, does your patient have a significant restriction , that is not quite a marked restriction , in two or more basic activities of daily living or in vision and one or more of the basic activities of daily living?	
If yes , tick at least two of the following, as they apply to your patient:	
vision speaking hearing walking	
eliminating (bowel or bladder functions) feeding dressing mental function Note	ns necessary for everyday life
You cannot include the time spent on life-sustaining therapy.	🖂
2. Do these restrictions exist together, all or substantially all of the time (at least 90% of the time)?	Yes No
3. Is the cumulative effect of these significant restrictions equivalent to being markedly restricted in one basic activity of daily living?	Yes No
4. When did the cumulative effect described above begin (this is not necessarily the year of the diagnosis, as is often the case with progressive diseases)?	Year

Patient's name:	
Effects of impairment – Mandatory	
The effects of your patient's impairment must be those which, even with therapy and the use of a your patient to be restricted all or substantially all of the time (at least 90% of the time). Note Working, housekeeping, managing a bank account, and social or recreational activities are not of Basic activities of daily living are limited to walking, speaking, hearing, dressing, feeding, eliminates.	considered basic activities of daily living.
mental functions necessary for everyday life.	
It is mandatory that you describe the effects of your patient's impairment on his or her ability to d that you indicated are or were markedly or significantly restricted. If you need more space, use a to this form. You may include copies of medical reports, diagnostic tests, and any other medical in	separate sheet of paper, sign it and attach it
Duration – Mandatory	
Has your patient's impairment lasted, or is it expected to last, for a continuous period of at least 1 For deceased patients, was the impairment expected to last for a continuous period of at least 12	
If yes , has the impairment improved, or is it likely to improve, to such an extent that the patient would no longer be blind, markedly restricted, in need of life-sustaining therapy, or have the equivalent of a marked restriction due to the cumulative effect of significant restrictions?	Unsure Yes No
If yes, enter the year that the improvement occurred or may be expected to occur.	Year
Certification – Mandatory	
For which year(s) have you been the attending medical practitioner for your patient?	
2. Do you have medical information on file supporting the restriction(s) for all the year(s) you certi on this form?	fied Yes No No
Tick the box that applies to you:	
Medical doctor Nurse practitioner Optometrist	Occupational therapist
Audiologist Physiotherapist Psychologist	Speech-language pathologist
As a medical practitioner , I certify that the information given in Part B of this form is correct and will be used by the CRA to make a decision if my patient is eligible for the DTC.	complete. I understand that this information
Sign horo:	
Sign here: It is a serious offence to make a false statement.	
Name (print)	
Year Month Day Telephone	
Date:	

General information

What is the DTC?

The disability tax credit (DTC) is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce the amount of income tax they may have to pay. The disability amount may be claimed once the person with a disability is eligible for the DTC. This amount includes a supplement for persons under 18 years of age at the end of the year. Being eligible for this credit may open the door to other programs.

For more information, go to <u>canada.ca/disability-tax-credit</u> or see Guide RC4064, Disability-Related Information.

Are you eligible?

You are eligible for the DTC only if we approve your application. On this form, a medical practitioner has to indicate and certify that you have a severe and prolonged impairment and must describe its effects.

To find out if you **may be eligible** for the DTC, fill out the self-assessment questionnaire in Guide RC4064, Disability-Related Information. If we have already told you that you are eligible, do not send another form unless the previous period of approval has ended or if we tell you that we need one. **You should tell us if your medical condition improves**.

If you receive Canada Pension Plan or Quebec Pension Plan disability benefits, workers' compensation benefits, or other types of disability or insurance benefits, it **does not** necessarily mean you are eligible for the DTC. These programs have other purposes and different criteria, such as an individual's inability to work.

You can send the form at any time during the year. By sending your form before you file your income tax and benefit return, you may prevent a delay in your assessment. We will review your form before we assess your return. Keep a copy for your records.

Fees – You are responsible for any fees that the medical practitioner charges to fill out this form or to give us more information. However, you may be able to claim these fees as medical expenses on line 330 or line 331 of your income tax and benefit return.

What happens after you send Form T2201?

After we receive Form T2201, we will review your application. We will then send you a notice of determination to inform you of our decision. Our decision is based on the information given by the medical practitioner. If your application is denied, we will explain why on the notice of determination. For more information, see Guide RC4064, Disability-Related Information, or go to canada.ca/disability-tax-credit.

Where do you send this form?

Send your form to the Disability Tax Credit Unit of your tax centre. Use the chart below to get the address.

If your tax services office is located in:	Send your correspondence to the following address:	
Alberta, British Columbia, Hamilton, Kitchener/Waterloo, London, Manitoba, Northwest Territories, Regina, Saskatoon, Thunder Bay, Windsor, or Yukon	Winnipeg Tax Centre Post Office Box 14000 Station Main Winnipeg MB R3C 3M2	
Barrie, Belleville, Kingston, Montréal, New Brunswick, Newfoundland and Labrador, Nova Scotia, Nunavut, Ottawa, Outaouais, Peterborough, St. Catharines, Prince Edward Island, Sherbrooke, Sudbury, or Toronto	Sudbury Tax Centre Post Office Box 20000, Station A Sudbury ON P3A 5C1	
Chicoutimi, Laval, Montérégie-Rive-Sud, Québec, Rimouski, Rouyn-Noranda, or Trois-Rivières	Jonquière Tax Centre 2251 René-Lévesque Blvd Jonquière QC G7S 5J2	
Deemed residents, non-residents, and new or returning residents of Canada	Sudbury Tax Centre Post Office Box 20000, Station A Sudbury ON P3A 5C1 CANADA or Winnipeg Tax Centre Post Office Box 14000 Station Main Winnipeg MB R3C 3M2 CANADA	

What if you need help?

If you need more information after reading this form, go to canada.ca/disability-tax-credit or call 1-800-959-8281.

Forms and publications

To get our forms and publications, go to <u>canada.ca/cra-forms</u> or call **1-800-959-8281**.