

My Account – Click on Benefits and credits

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Benefits and credits

As of June 15, 2023

Canada child benefit

According to our records, you do not receive the Canada child benefit (CCB). To find out more about the CCB, go to [Canada Child Benefits](#).

GST/HST credit

[More information](#)

Disability tax credit (DTC) ?

According to our records, you have never claimed the disability amount.

These are the applications submitted through My Account or by phone:

Name	Year submitted	Part A	Part B	Application summary
According to our records, you have not submitted any applications through My Account or by phone.				

Items per page: 1 - 5 of 0 << < > >>

[Apply for DTC](#)


After clicking on Apply for DTC


Disability tax credit - Part A

1 Before you begin

There are two parts to the Form T2201, Disability Tax Credit Certificate: Part A and Part B.

You can complete Part A for yourself or for a child under 18 for whom you are primarily responsible. Your medical practitioner will need to complete Part B. Instructions to give to your medical practitioner will be available for you to save or print when you submit Part A.

Unsure if you should apply for the disability tax credit (DTC)? Go to [Disability tax credit \(DTC\)](#)  to learn more.

Personal Information (including the SIN) is collected 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 used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the 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 Information about Programs and Information Holdings at canada.ca/cra-information-about-programs .

Ready to start? Complete Part A now:

Start

1 Identify the person with the disability

2 Identify the person claiming the disability amount

3 Review and submit

The next parts come prefilled but can be revised:

Disability tax credit - Part A

✓ Before you begin

1 Identify the person with the disability

Fields marked with an asterisk (*) are required.

* Who is the person with the disability?

- Myself [REDACTED]
- A child under 18 in my care who is not listed
- None of the above

Date of birth:

[REDACTED]

Mailing address:

[REDACTED]
[REDACTED]
[REDACTED]

Phone number:

[REDACTED]

* Is the above information correct?

- Yes
- No


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Disability tax credit - Part A

- ✓ Before you begin
- ✓ Identify the person with the disability
- 2** Identify the person claiming the disability amount

Fields marked with an asterisk (*) are required.

* Who will claim the amount on their income tax return? 

- Myself 
- A supporting family member
- The amount will not be claimed this time

* If eligibility is approved, would you like the CRA to adjust your previous tax returns for all applicable years to include the disability amount?

- Yes
- No

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- 3** Review and submit

* In order to process your application, you must authorize the following:

- The information above is correct and I am ready to submit Part A of my application.
- I authorize the medical practitioner who will complete Part B of the application to provide CRA with relevant information from their medical records in order to determine eligibility.
- The CRA can adjust my previous tax returns.

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Submit

Part B: Medical Practitioner – first 2 pages

Medical practitioner information – step 1 of 5

Fields marked with an asterisk (*) are required.

* Select the option that applies to you.

- | | |
|--|---|
| <input type="radio"/> Medical doctor | <input type="radio"/> Audiologist |
| <input type="radio"/> Nurse practitioner | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Optometrist | <input type="radio"/> Psychologist |
| <input type="radio"/> Occupational therapist | <input type="radio"/> Speech-language pathologist |

* Your country of residence

- Canada
 Outside of Canada

* Your first name

* Your last name

Medical license or registration number

Practice or clinic name

* Telephone number

* Is the person with the disability presently your patient?

* Enter the year they became your patient.

* Do you have the medical information for the patient on file for the year(s) you are about to certify?

Patient information – step 2 of 5

Fields marked with an asterisk (*) are required.

* First name

* Last name

* Date of birth

Day

Month

Year

* Did your patient give you a reference number?

Yes

No

* Select the categories that apply to the patient (if the patient has impairments in two or more categories you will be asked to provide information about the cumulative effect, if applicable).

Categories	If your patient has:
<input type="checkbox"/> Vision	Reduced visual acuity or field of vision
<input type="checkbox"/> Speaking	Difficulty speaking so as to be understood by a familiar person in a quiet setting
<input type="checkbox"/> Hearing	Difficulty hearing so as to understand spoken conversation with a familiar person in a quiet setting
<input type="checkbox"/> Walking	Difficulty walking
<input type="checkbox"/> Eliminating (bowel or bladder functions)	Difficulty personally managing bowel or bladder functions
<input type="checkbox"/> Feeding	Difficulty preparing food and feeding themselves, as well as chewing and swallowing (not including identifying, finding, obtaining, or shopping for food)
<input type="checkbox"/> Dressing	Difficulty dressing themselves (not including identifying, finding, obtaining, or shopping for clothing)
<input type="checkbox"/> Mental functions necessary for everyday life	Difficulty performing mental functions necessary for everyday life, which include: <ul style="list-style-type: none">• Adaptive functioning• Attention• Concentration• Goal-setting• Judgment• Memory• Perception of reality• Problem-solving• Regulation of behaviour and emotions• Verbal and non-verbal comprehension
<input type="checkbox"/> Life-sustaining therapy	A condition that requires life-sustaining therapy, which is: <ul style="list-style-type: none">• required to support a vital function• needed at least 2 times per week• takes an average of at least 14 hours per week where the patient or another person takes time away from normal, everyday activities Some examples of life-sustaining therapy are insulin therapy, chest physiotherapy, dialysis, and oxygen therapy.

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