

Disability Tax Credit Online Application

Website link:

[Disability Tax Credit – digital application for medical practitioners](#)

Categories of Disability

After the medical practitioner completes some identification information, the categories of disability are chosen:

* Select the categories that apply to the patient.

If the patient has impairments in two or more categories, the application can be assessed under cumulative effect of significant limitations. After you complete each individual impairment, information about the cumulative effect will be gathered if it's required at the end of the application.

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 are considered to be: <ul style="list-style-type: none">• Adaptive functioning which includes abilities related to:<ul style="list-style-type: none">◦ self-care such as attending to personal hygiene◦ health and safety◦ initiating and responding to social interactions◦ common, simple transactions such as grocery shopping, or paying a bill• Memory which includes the ability to remember:<ul style="list-style-type: none">◦ simple instructions◦ basic personal information such as date of birth and address, or material of importance and interest• Judgement, problem-solving and goal-setting taken together
<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• received at least 3 times per week• takes an average of at least 14 hours per week where the patient takes time away from normal, everyday activities

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Vision

Vision – step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's vision

* Select the aspect of vision that is impaired in each eye.

* Left eye

- Visual acuity
- Field of vision
- No visual impairment

* Right eye

- Visual acuity
- Field of vision
- No visual impairment

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Speaking

Speaking – step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's medical conditions

*** Select all that conditions or diagnoses that impact the patient's ability to speak so as to be understood.**

- Alzheimer's disease
- Amyotrophic lateral sclerosis (Lou Gehrig's disease)
- Autism spectrum disorder (ASD)
- Congenital abnormality (specify)
- Dementia
- Multiple sclerosis
- Oral cancer (e.g., laryngeal cancer)
- Parkinson's disease
- Stroke or stroke-related effects
- Total aphasia
- Total mutism
- Trauma (specify)
- Other (specify)

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Hearing

Hearing – step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's level of hearing loss

* Select the option that best describes the level of hearing loss in each ear with any applicable devices.

* Left ear

- Normal (0-25dB)
- Mild (26-40dB)
- Moderate (41-55dB)
- Moderate-to-severe (56-70dB)
- Severe (71-90dB)
- Profound (91dB+)
- Unknown

* Right ear

- Normal (0-25dB)
- Mild (26-40dB)
- Moderate (41-55dB)
- Moderate-to-severe (56-70dB)
- Severe (71-90dB)
- Profound (91dB+)
- Unknown

Cause of hearing loss

* Select the cause of the patient's hearing loss.

- Age related (Presbycusis)
- Congenital
- Trauma (e.g., damage to eardrum)
- Other (specify)

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Walking

Walking – step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's medical conditions

*** Select all conditions or diagnoses that impact the patient's ability to walk.**

- Amyotrophic lateral sclerosis (Lou Gehrig's disease)
- Cardiac functional class of 4/IV or an ejection fraction of 20% or less
- Chronic obstructive pulmonary disease (COPD)
- Congenital abnormality (specify)
- Degenerative disc disease
- Fibromyalgia
- Hemi-pelvectomy or hip disarticulation
- Lower limb amputation (regardless of prosthesis)
- Multiple sclerosis
- Osteoarthritis
- Osteoporosis
- Paraplegia
- Parkinson's disease
- Quadriplegia
- Rheumatoid arthritis
- Spinal stenosis
- Stroke or stroke-related effects
- Tetraplegia
- Trauma (specify)
- Other (specify)

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Vision

Vision – step 3b of 5

Fields marked with an asterisk (*) are required.

Visual acuity

If the patient uses corrective lenses or medication, provide the acuity **after** correction.

Right eye

* Select the option that best describes the patient's visual acuity.

- Measureable on the Snellen chart (provide acuity)
- Count fingers (CF)
- No light perception (NLP)
- Light perception (LP)
- Hand motion (HM)

Field of vision

If the patient uses corrective lenses or medication, provide the diameter of the field of vision **after** correction.

Right eye

* Enter the greatest diameter of the field of vision.

degrees

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Eliminating (bowel or bladder functions)

Eliminating (bowel or bladder functions) - step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's medical conditions

* Select all conditions or diagnoses that impact the patient's ability to personally manage bowel or bladder functions.

- Amyotrophic lateral sclerosis (Lou Gehrig's disease)
- Bowel or bladder cancer
- Chronic renal failure requiring dialysis
- Congenital abnormality (specify)
- Crohn's disease
- Interstitial cystitis
- Irritable bowel syndrome
- Multiple sclerosis
- Neurogenic bladder
- Paraplegia
- Parkinson's disease
- Quadriplegia
- Tetraplegia
- Trauma (specify)
- Ulcerative colitis
- Other (specify)

Catheterization

* Is catheterization required for the patient to manage bladder functions?

Yes

No

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Feeding

Feeding – step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's medical conditions

*** Select all conditions or diagnoses that impact the patient's ability to feed themselves.**

- Amyotrophic lateral sclerosis (Lou Gehrig's disease)
- Congenital abnormality (specify)
- Celiac disease
- Multiple sclerosis
- Osteoarthritis
- Parkinson's disease
- Quadriplegia
- Rheumatoid arthritis
- Stroke or stroke-related effects
- Tetraplegia
- Total parenteral nutrition
- Trauma (specify)
- Upper gastrointestinal dysfunction
- Upper limb amputation (transcarpal or higher)
- Other (specify)

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Dressing

Dressing – step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's medical conditions

*** Select all that conditions or diagnoses that impact the patient's ability to dress.**

- Amyotrophic lateral sclerosis (Lou Gehrig's disease)
- Chronic obstructive pulmonary disease (COPD)
- Congenital abnormality (specify)
- Degenerative disc disease
- Fibromyalgia
- Multiple sclerosis
- Osteoarthritis
- Osteoporosis
- Paraplegia
- Quadriplegia
- Rheumatoid arthritis
- Spinal stenosis
- Stroke or stroke-related effects
- Tetraplegia
- Trauma (specify)
- Upper limb amputation (transcarpal or higher)
- Other (specify)

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Mental functions necessary for everyday life

Mental functions necessary for everyday life - step 3a of 5

Fields marked with an asterisk (*) are required.

Patient's medical conditions

*** Select all conditions or diagnoses that impact the patient's ability to perform the mental functions necessary for everyday life.**

- Alzheimer's Disease
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder
- Bipolar disorder
- Dementia
- Epilepsy
- Fetal alcohol spectrum disorder (FASD)
- Generalized anxiety disorder (GAD)
- Global developmental delay
- Intellectual disability (Specify)
- Learning disorder
- Major depressive disorder (MDD)
- Obsessive compulsive disorder (OCD)
- Oppositional defiant disorder (ODD)
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Stroke or stroke-related effects
- Traumatic brain injury (TBI)
- Trisomy 13 (Patau syndrome)
- Trisomy 18 (Edwards syndrome)
- Trisomy 21 (Down syndrome)
- Other (specify)

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Life-sustaining therapy

Life-sustaining therapy – step 3a of 5

Fields marked with an asterisk (*) are required.

Type of therapy

*** Select the type of therapy your patient needs to support one or more vital function.**

- Insulin therapy
- Chest physiotherapy
- Dialysis
- Oxygen therapy
- Other (specify)

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