Applying for a Disability Tax Credit — Patient Checklist

1. I have reviewed the eligibility criteria at www.canada.ca to see if I may qualify.
2. I wish to proceed with an application for the Disability Tax Credit and have completed and am aware of steps 3-10.
3. I have read and signed the **Form Acceptance Process – Patient Acknowledgement**
4. I have ensured that my doctor has all my supporting documents and previous medical records on file. If the doctor does not have these records, I have obtained these records, and ensured my doctor has them.
5. I have completed the consent and patient sections of the form, then attended the office and signed a PHIPA consent, allowing release of my medical information.
6. I have contacted the office and am fully aware of any applicable fees for completing my form. I am aware that prepayment for form completion is required.
7. I am aware that I will not be credited or refunded if I feel that your form is no longer required; I have considered this prior to bringing in any form for completion.
8. I am aware that there is a delay of 8 weeks for completion of my form; I am aware there is no due date for disability tax credit applications.
9. I am aware that I will be contacted when my form is completed. I will need to pick this up from the office, it will not be mailed or emailed.
10. I am aware that any approval for the Disability Tax Credit is a government decision, not the decision of this office. The role of the medical clinic is to provide evidence of my disability and support my claim, to the best of their ability with the medical records that I have granted them access to.

Patient Name _____

Signature _____

Date _____

FORM ACCEPTANCE PROCESS – Patient Acknowledgement

The completion of forms can take up to 8 weeks, given the current immense strain on healthcare and ongoing staffing shortages. Please appreciate that while we are working on administrative duties, we also continue to run the family practice.

You will need to present your form in person to the office and will be required to do the following:

1. Enter all appropriate information and complete patient section if applicable. Please provide any additional information required to complete the form (i.e.: last date worked).
2. Complete a PHIPA consent to allow release of your medical information at the office.
3. Prepayment is required. You will not be credited or refunded if you feel that your form is no longer required; please consider this prior to bringing in any forms for completion.

You will be contacted by the office when your form is completed. Pickups can occur during our regular office hours. Completed forms will not be mailed/faxed/emailed.

Your patience and cooperation are appreciated.

Dr. D. DiValentino and Staff

I, _____ , (First Name, Last Name) am aware and accept the process outlined in this document. I acknowledge my responsibility for ensuring the office has all information and documents necessary to complete my form.

Patient Signature _____

Date _____