

# The Persons with Disabilities (PWD) Application

This Help Sheet funded by the Legal Services Society of BC, Human Resources Development Canada: Homelessness Partnering Strategy and the Health Sciences Association of British Columbia.

UPDATED MARCH 2008

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The BC Coalition of People with Disabilities has prepared this Help Sheet to help you complete the Ministry of Employment and Income Assistance's (MEIA) designation application form for the Persons with Disabilities (PWD) benefit.

This Help Sheet provides you with easy to follow directions that take you through the application form step-by-step. It includes letters to give to your doctor and assessor (a health care professional who must describe your disability on the form). There is also a checklist to help you identify the daily living activities you need assistance with.

Before you do anything, please read this guide and the designation application carefully. If you cannot understand the guide or the form, ask a friend, family member or advocate to help you.

## Getting started

If you already receive income assistance, contact your local MEIA office and ask for a PWD application. If you do not yet receive assistance, contact our office for information or see our Help Sheet 12.

## What you will get with PWD

- You will receive up to \$906 a month if you are a single person without dependants
- You will not be expected to look for work
- You will be able to keep up to \$500 a month in earned income
- You will be eligible for certain health supplements
- You will be eligible for an annual bus pass (\$45 per year)

## What you need to know before you start

This is a summary of the definition of a person with a disability. To be eligible for PWD:

- you must be at least 18 years of age
- your disability must be severe and be expected to last for at least two years, and
- it must directly and significantly restrict your ability to perform daily living activities (explained on page 3).

Also, because of your disability, you need:

1. significant help from another person, **or**
2. help from an assistive device (e.g. a wheelchair), **or**
3. help from an assistance animal

## The PWD Designation Application

The designation application form for PWD has three sections:

**Section One:** is the section you fill out

**Section Two:** is the section your doctor fills out

**Section Three:** is the section an “assessor” fills out. An assessor can be:

- your doctor (your doctor can fill out Sections Two and Three), or
- a registered psychologist, or
- a registered nurse or registered psychiatric nurse, or
- an occupational therapist, or
- a physical therapist, or
- a social worker, or
- chiropractor, or
- nurse practitioner.

You are asked to fill out the sections of the designation application form in order. In other words, Section One must be completed first, then Section Two, and then Section Three.

### Section One (for you to fill out)

When you look at Section One (page 3 of the application) you will see that it says you can have someone help you to fill it out. You may find it helpful to have a friend, family member or advocate help you complete it.

#### A - Personal Information

Complete this part by filling out each box with your name, date of birth, address etc. If you do not have a phone remember to put “no phone.”

#### B - Disabling Condition (your disability)

When you look at Section One of the application form, you will see it says “you are not required to complete this section.” **However, we strongly advise that you do complete it. The more information that you provide the Ministry about your disability, the better it is.**

Because you have to complete Section One first, the doctor and assessor may use it as a guide when they fill out their sections: Sections Two and Three. So it is important to include as much information as you can about your disability when you answer Question B.

Before you answer the questions in Section One, it is a good idea to do a first draft on a separate piece of paper. You may want to have someone else, like an advocate or friend, look at your first draft to help make sure that you have remembered everything that you want to include. When you are ready, write your answer on the application form.

**B (1.) “Please describe your disability.”**

It is important that you clearly list and explain all your disabilities. For example, you may have Hepatitis C, and depression, and anxiety, and learning disabilities. Again, the more information you can include the better it is.

**B (2.) “How does your disability affect your life and your ability to take care of yourself?”**

Think about all the ways that your disability makes it difficult or impossible to do the things you need to do on a regular basis. The Ministry lists the following as daily living activities:

1. performing personal hygiene and self care (for example, bathing)
2. preparing meals
3. taking medications
4. keeping the home clean
5. shopping for personal needs
6. moving about indoors and outdoors
7. using public or personal transportation facilities (for example, a bus)
8. managing personal finances

For people with mental health disabilities daily living activities also include:

9. making decisions about personal care, activities, or finances
10. relating to, communicating with, or interacting with others effectively (in other words, getting along with other people).

Before you answer the question “how does your disability affect your life and your ability to take care of yourself?” look at the checklist attached to this Help Sheet. Go through it and mark things that you cannot do or find it hard to do on your bad days. Then, using the checklist as a guide, write out the answer to the question. If you need help to complete any of the activities on the list, remember to include this in your answer, **even if you are not actually getting the help you need.**

You should think about any ongoing help you get from friends, family, support groups, mental health teams, or other forms of counselling. Also consider any assistive devices you may need such as canes, splints or grab bars.

Another issue to think about is how long it takes you to complete one of the activities above when no help is available. For example, it may take you 2 or 3 times longer than other people to wash your dishes. Remember to include these examples when you answer question B(2).

### **C - Declaration and Notification**

When you have completed Section One remember to sign your name and to date your form. You are also asked to have your signature witnessed, but this is not mandatory.

If someone is unable to sign the PWD designation application due to mental incapability, it may be signed by a guardian or someone with legal authority.

### **Section Two (for your doctor to fill out)**

Section Two (page 6 of the application), is the part that your doctor must fill out. It begins with some directions and information for your doctor. He or she must fill out the part of Section Two that begins on page 8 and says “to be completed by the applicant’s physician only.” If you have more than one doctor, ask the doctor who knows you best to fill out the form.

Because Section Two is to be completed by your doctor we are not going to go through each question as we did for Section One. We will give you a few general ideas that we think will help.

### **Make an appointment with your doctor to discuss the form**

Section Two has many questions for your doctor to answer. Your doctor’s ability to answer them correctly will depend on how well he or she knows you. Meet with your doctor to discuss the form and go through the questions before he or she fills it out. This is particularly important if you do not have a family doctor and you go to a walk-in clinic.

### **What to take with you when you go to see your doctor:**

- Your PWD designation application form with your section completed
- You may want to photocopy and complete Section Two and then show it to your doctor to see if they think it is accurate. If your doctor agrees with what you have written they may want to use it as a guide. It will make their job easier and help them understand how your disability affects you on a daily basis
- Page 7 of this guide: “letter to doctors”
- A copy of your completed checklist

### **Section Three (for your assessor or doctor to fill out)**

Section Three (page 13 of the application) is the part that your assessor or doctor must fill out. It begins with some directions and information for your assessor or doctor.

Take a look at the list of assessors who can fill out Section Three listed on page 2 of this guide. Your assessor must be a registered professional. For example, if a social worker is filling out Section Three for you, he or she must be working as a social worker for the provincial government or, if they are in private practice, registered under the Social Workers Act. An Employment and Assistance worker (EAW) cannot act as an assessor. Remember, if you do not have an assessor, your doctor can complete Section Three.

### **What to take with you when you go to see your assessor:**

- Your PWD designation application form with your section and your doctor's section completed
- You may want to photocopy the form and this time fill out Section Three. Show your completed copy of Section Three to your assessor
- Page 8 of this guide: "letter to assessors"
- A copy of your completed checklist

### **Client checklist and confirming the Health Assistance Branch has your application**

When your PWD application is completed, look at the client checklist on page 23 of the form. Make sure that you have included everything. If you want the Health Assistance Branch to confirm it has received your application, put your name and address in the space provided under the client checklist. **Do not forget to make a photocopy of your completed form.**

When you are sure that everything is complete, mail your application by putting it in the envelope included with the form. No postage is required.

## **Frequently Asked Questions**

Below are answers to questions that we are frequently asked.

### **1. What do I do if I don't have a doctor?**

We know that finding a doctor can be difficult but you must have a doctor complete Section Two of the PWD application. Once you have found a doctor, it is a good idea to see him or her a few times before you ask to have the form completed. It is important that they know you.

### **2. What do I do if my doctor refuses to fill out the PWD application?**

If you have more than one doctor, talk to your other doctor. You may want to consider changing doctors if your current doctor refuses to help you. Speak to him or her about how important it is to you to have the form completed. If all else fails, call an advocacy group and your local MLA to inform them of your difficulty.

### **3. What do I do if I do not know any health professionals who can be my assessor?**

The Ministry will accept only registered health professionals as assessors on your PWD designation application. Ask your doctor to complete the assessor section if you do not have another health professional who knows you.

### **4. What if I am turned down for PWD ?**

You have the right to appeal if you are turned down for PWD. You have 20 business days from the day you receive the letter telling you that your application has been rejected to give the Ministry your reconsideration request. You must get the reconsideration request form from a MEIA Employment and Assistance Worker (EAW). When you see an EAW, ask for a copy of your application form if you do not have one, and the MEIA's notes on why you have been turned down for benefits. Remember to include any supporting letters with the reconsideration

request before the 20 business day deadline. For more information on appealing, please see our Help Sheets 5A and 5B.

If you miss the deadline to appeal, you also have the right to re-apply if you have new information that you can add about your disability. If you need assistance with your appeal, you should contact your local advocacy group.

## Letter to doctors

### Dear Doctor:

Your patient is applying for the PWD (disability) designation and needs your assistance with the application. Section Two is to be completed by the applicant's physician. You may also be asked to complete Section Three – the Assessor Report. To assist you and your patient in completing this form we have highlighted below the key components of the PWD eligibility requirements. We hope you will have the opportunity to discuss the application with your patient before you fill it in.

- The applicant's medical condition(s) must be deemed to be a **severe physical or mental impairment**. It should be noted that if your patient has a number of medical conditions they can combine to severely impair the person's functioning. It is helpful if you assess the full impact (especially on bad days) of your patient's disability and to use the word "severe" to describe the level of impairment.
- The impairment must be expected to continue for at least **2 years**.
- The impairment must **significantly restrict your patient's ability to perform daily living activities** either continuously or periodically for extended periods. You are asked to assess your patient's functional skills (such as walking, climbing stairs, lifting and carrying, mental functions) and their ability to manage daily living activities. Daily living activities include personal care, meal preparation, management of medications, housework, shopping, mobility, use of transportation, management of finances and social functioning. Please indicate all the tasks that your patient has difficulty performing. If your patient is restricted periodically, it is important to note the frequency and duration of the limitations.
- As a result of the above limitations, **significant help from other people or assistive devices** must be required. Support people may include family, friends, health professionals, and community agencies. It should be noted when assistance is needed but not available – in these circumstances the applicant may struggle and take longer than normal to complete tasks.

The above outline describes the key PWD eligibility criteria. Your patient should be able to provide you with more details about how their disability affects their daily functioning. May we suggest that you return the application form to your patient once you have completed your section(s).

**Thank you for your assistance and co-operation.**



## Letter to assessors

### Dear Health Professional:

Your patient is applying for the PWD (disability) designation and needs your assistance with the application. Section Three—the Assessor Report—is to be completed by the applicant’s physician or a qualified assessor. (The list of licensed professionals who may complete the assessor report is on page 14 of the application form.) To assist you and your patient/client in completing this form we have highlighted below the key components of the PWD eligibility requirements. We hope you will have the opportunity to discuss the application with your patient/client before you fill it in.

- In order to qualify for the PWD designation the applicant must have a severe physical or mental impairment that significantly restricts their ability to perform daily living activities either continuously or periodically for extended periods, and as a result of this disability, significant help from others or assistive devices must be shown to be needed.
- As the assessor, you are asked to assess the applicant’s physical and mental ability in relation to their ability to perform daily living activities. Daily living activities include personal care, housework, shopping, meal preparation, managing finances and medication, using transportation, and social functioning.
- The form is designed so that the assessor has to measure the applicant’s ability to perform daily tasks on the basis of whether they need help from other people, an assistive device, or whether they take much longer to do things on their own. A person can be deemed to require help even if it is not available to them. Someone with a mental health condition, for example, may be marginalized and isolated but refuse help because of their poor social functioning – such a person can be deemed to require ongoing assistance.
- If your client has “periodic” restrictions it is important to note the frequency and duration of their limitations. If they are struggling to do things on their own, it is helpful to estimate how much longer than normal it may take them to complete a task. In situations where symptoms may vary from day to day be sure to explain the impact of “bad days” on your client’s overall functioning.

The above outline describes the key PWD eligibility criteria. Your client/patient should be able to provide you with more details about how their disability affects their daily functioning. May we suggest that you return the application form to your patient once you have completed your section.

**Thank you for your assistance and co-operation.**



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## Checklist of Daily Living Activities

### Persons with Disabilities (PWD) Designation Application

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This checklist is to help applicants complete Section One of the PWD designation application. The rules say that to get disability benefits you must show that you need help with daily living activities. The checklist will help you understand what daily living activities the Ministry thinks are important and help you identify whether you have limitations in these areas. You can also show it to your doctor or assessor to help them understand what daily living activities you need help with.

When going through the checklist, you should also ask yourself the following questions:

- Which activities do I have problems doing at least some of the time?
- If I have problems part of the time, how often do these problems happen?
- If there is no one to help me, what help do I need?
- If there is no help and I must do things on my own, how much longer than normal does it take to do it?

There are two sections at the end of the checklist to help you think about the people or assistive devices you may be getting or need help from. If you need help from people or assistive devices that are not on the list, jot this down in the “Other” space.

#### **My disability makes it difficult for me to do the following activities:**

##### **1. Personal hygiene and self care:**

- o getting in and out of the bathtub
- o standing in the shower
- o reaching up and down to wash my body and/or applying creams all over my body
- o shaving, brushing my teeth, hair and washing my face
- o remembering or having the motivation to do at least basic hygiene daily

##### **2. Preparing and eating meals:**

- o standing at the sink, counter and stove
- o moving food from shelves to counters to stoves and ovens
- o chopping, peeling, mixing or stirring food
- o opening cans and jars, opening and resealing bags
- o understanding recipes and labels
- o remembering to take food off the stove or out of the oven
- o remembering to throw out expired or “gone off” food
- o chewing and swallowing
- o remembering to eat regular meals and healthy foods
- o not vomiting after a meal

**3. Taking medications:**

- o remembering to take the right medications at the right doses at the right times
- o getting prescriptions filled and remembering to get them re-filled

**4. Keeping the home clean:**

- o doing dishes and putting them away, cleaning counters and sink, cleaning floors
- o cleaning my bathtub, toilet, bathroom sink and floor
- o vacuuming, dusting, cleaning windows
- o carrying, doing and folding my laundry and putting it away
- o remembering or having motivation to keep my home clean

**5. Shopping for personal needs:**

- o walking around stores, standing long enough to make good choices from the shelves and managing cash register line-ups
- o picking out items from shelves, loading them in the basket, taking them out of the basket and putting them onto the cashier's desk
- o taking the groceries home (carrying them to the bus, on the bus, to my home, or loading them into and out of my car)
- o not getting anxious, scared, frustrated or angry in stores because of crowds, the light, sound and motion or long line-ups

**6. Moving about indoors and outdoors:**

**Indoors**

- o going up and down stairs or ramps
- o getting in and out of furniture including my bed
- o opening and closing doors and drawers
- o walking from room to room
- o bending to pick things off the floor
- o kneeling and getting up from a kneeling position

**Outdoors**

- o walking on flat ground
- o walking on uneven ground
- o going up or down stairs or ramps
- o going out without being anxious or scared

**7. Using public or personal transportation:**

- o walking to and standing at the bus stop
- o getting on and off the bus or train
- o standing, getting in and out of my seat and remembering to get off at my stop
- o understanding bus or train schedules

**8. Managing personal finances:**

- o understanding bills and remembering to pay them on time including the rent
- o budgeting for groceries and other things I need
- o stopping myself from buying things I don't need

**Because of my mental health disability I:**

- o experience a lot of anxiety, agitation, stress, or depression
- o experience a lot of confusion
- o have difficulty making decisions and planning ahead
- o have difficulty doing the most important things first and finishing tasks
- o have difficulty making rational (good) choices
- o have difficulty remembering information and remembering appointments
- o experience sensitivity to light, sound and motion
- o have difficulty socializing without becoming anxious and scared
- o have difficulty interacting with friends, family, and/or my partner
- o have difficulty interacting with strangers in public
- o have difficulty establishing and maintaining relationships with people
- o have difficulty asking for help when I need it
- o experience difficulty being able to deal with unexpected situations

**Communication (Note: English language issues are not relevant here)**

- o have difficulty making myself understood by others when I speak or write
- o have difficulty understanding what others say to me
- o have difficulty understanding what I read
- o have difficulty hearing what others say to me in person or on the phone
- o feel anxious or scared when I speak to or listen to other people

**I get or need help from:**

- o community agencies
- o counsellors
- o family members
- o friends
- o health professionals
- o home support workers
- o roommates
- o support groups
- o volunteers
- o other \_\_\_\_\_

**I get or need help from the following assistive devices:**

- adaptive housing
- bathing aids
- braces
- breathing device
- cane
- commode
- communication devices
- crutches
- feeding device
- hospital bed
- interpretive services
- lifting device
- ostomy or urological appliances
- prosthesis
- scooter
- splits
- toileting aids
- walker
- wheelchair
- other \_\_\_\_\_

**I need or have an assistance animal**

- YES



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