



Disability Tax Credit Certificate

The information provided in this form will be used by the Canada Revenue Agency (CRA) to determine the eligibility of the individual applying for the disability tax credit (DTC). For more information, see the general information on page 16.

Help
canada.ca/disability
-tax-credit
1-800-959-8281

Part A – Individual's section

1) Tell us about the person with the disability

First name: _____

Last name: _____

Social insurance number:

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Mailing address: _____

City: _____

Province or territory: _____

Postal code:

--	--	--	--	--	--	--	--

 Date of birth:

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Year Month Day

2) Tell us about the person intending to claim the disability amount (if different from above)

This person must be a supporting family member of the person with the disability (the spouse or common-law partner of the person with the disability, or a parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, or niece of that person or their spouse or common-law partner).

First name: _____

Last name: _____

Relationship: _____

Social insurance number:

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 Does the person with the disability live with you? Yes No

Indicate which of the basic necessities of life have been regularly and consistently provided to the person with the disability, and the years for which it was provided:

Food _____ Year(s) Shelter _____ Year(s) Clothing _____ Year(s)

Provide details regarding the support you provide to the person with the disability (regularity of the support, proof of dependency, if the person lives with you, etc.):

If you and another person support the same dependant, you may split the claim for that dependant. However, the total amount of your claim and the other person's claim cannot be more than the maximum amount allowed for that dependant. If you want to provide more information than the space allows, or another supporting family member would like to add information about the support they provide, use a separate sheet of paper, sign it, and attach it to this form. Make sure to provide all identifying information, including social insurance numbers and signatures from all supporting family members.

As the supporting family member intending to claim the disability amount, I confirm the above information is accurate. This authorization will not result in automatic adjustments to my previous tax returns.

Signature: _____

Part A – Individual's section (continued)

3) Previous tax return adjustments

Are you the person with the disability or their legal representative (or if the person is under 18, their legal guardian)?

Yes No

Note: If no, or more than one person is claiming the disability amount, you will need to send a Form T1-ADJ for each year to be adjusted or a letter with the details of your request(s).

If eligibility for the disability tax credit is approved, would you like the CRA to apply the credit to your previous tax returns?

Yes, adjust my previous tax returns for all applicable years.

No, do not adjust my previous tax returns at this time.

4) Individual's authorization (**mandatory**)

As the person with the disability or their legal representative:

- I certify that the above information is correct.
- I give permission for my medical practitioner(s) to provide the CRA with information from their medical records in order for the CRA to determine my eligibility.
- I authorize the CRA to adjust my returns, as applicable, if I opted to do so in question 3.

Signature: _____

If this form is not signed by the person with the disability or their legal representative (or if the person is under 18, their legal guardian), **the CRA will not process this form.**

Telephone number: _____

Date:

Year			Month		Day	

Personal information (including the SIN) is collected and used 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 disclosed to other federal, provincial, territorial, aboriginal, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other 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 Info Source at canada.ca/cra-info-source.

This marks the end of the individual's section of the form. Ask a medical practitioner to fill out Part B (pages 3-16). Once the medical practitioner certifies the form, it is ready to be submitted to the CRA for assessment.

Next steps:

Step 1 – Ask your medical practitioner(s) to fill out the remaining pages of this form.

Note

Your medical practitioner provides the CRA with your medical information but does not determine your eligibility for the DTC.

Step 2 – Make a copy of the filled out form for your own records.

Step 3 – Refer to page 16 for instructions on how to submit your form to the CRA.