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# The Persons with Disabilities (PWD) Application

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Disability Alliance BC has prepared this Help Sheet to help you complete the Ministry of Social Development and Poverty Reduction's (MSDPR) 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 or nurse practitioner 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 MSDPR at 1-866-866-0800 and ask for a PWD application. If you do not yet receive assistance, contact MSDPR for information on how to apply for income assistance, or see our Help Sheet 12.

## What you will get with PWD

- You will receive up to \$1,358 a month if you are a single person without dependents
- You will be eligible for EITHER a monthly bus pass or an additional \$52 "transportation supplement" added to your monthly cheque (for a total of \$1,410 per month)



**Disability Alliance BC**

Information in this Help Sheet is based on the legislation that was current at the time of writing.

The legislation and policy may be subject to change. Please check the date on this Help Sheet.



- You will not be expected to look for work
- You will be able to keep up to \$15,000 a year in earned income (Annual Earnings Exemption)
- You will be eligible for a range of health supplements.

**For more information about the Annual Earnings Exemption (AEE), see Help Sheet 9: Employment, Education and Training for People with Disabilities.**

## What does “disability” mean?

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 4).

Also, because of your disability, you need:

- significant help from another person, or
- help from an assistive device (e.g., a wheelchair), or
- help from an assistance animal.

### Easier application for “Prescribed Classes”

If you are already registered with and receive benefits from Canada Pension Plan Disability (CPP-D), Pharmacare Plan P (Palliative Care), Community Living BC, or the At Home Program (from the Ministry of Children and Family Development) you can access a much easier PWD application process. Make sure to let MSDPR know if you are enrolled in one of these programs.

If you are not registered with one of these programs, you will be required to complete a full PWD application. This process is described below.

## 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 or nurse practitioner 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
- a chiropractor, or
- a nurse practitioner (nurse practitioners can complete Section Two and Three).

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.” **We encourage you to complete this section but remember that doing so may help or harm your application, depending on what information you provide. Consult an advocate if you are not sure what to write.**

Because you have to complete Section One first, the doctor/nurse practitioner 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 Questions B.1 and B.2.

Before you answer the questions in Section One, it is a good idea to do a first draft on a separate piece of paper. Read the government’s definition of disability found on page 7 of the PWD form and then read the rest of the form. 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 answers 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, depression, 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:

- performing personal hygiene and self care (for example, bathing)
- preparing meals
- taking medication
- keeping the home clean
- shopping for personal needs
- moving about indoors and outdoors
- using public or personal transportation facilities (for example, a bus)
- managing personal finances.

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

- making decisions about personal care, activities or finances
- 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 two or three 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.

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 or nurse practitioner to fill out)**

Section Two begins with some directions and information for your doctor or nurse practitioner. They must fill out the part of Section Two that begins on page 9. If you have more than one person who could help you, ask the person who knows you best to fill out the form. Here are a few general ideas that may help your doctor or nurse practitioner complete this section.

#### **Make an appointment with your doctor or nurse practitioner to discuss the form.**

Section Two has many questions. Your doctor's/nurse practitioner's ability to answer them correctly will depend on how well they know you. Meet with them to discuss the form and go through the questions before filling it out. This is particularly important if you go to a walk-in clinic where your health history is not well-known.

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

- 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
- The "Letter to doctors/nurse practitioners" at the end of this guide
- A copy of your completed checklist.

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

Section Three begins with some directions and information for the assessor. Look at the list of assessors who can fill out Section Three listed on page 2 of this guide, or page 8 of the PWD form. Your assessor must be a registered professional. For example, if a social worker is filling out Section Three for you, they must be working as a social worker for the provincial government or, if they are in private practice, registered under the Social Workers Act. A Ministry worker cannot act as an assessor. Remember, if you do not have an assessor, your doctor/nurse practitioner who did Section Two can also complete Section Three.

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

- Your PWD designation application form with Section One (your section) and Section Two (medical report) 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
- The “Letter to assessors” at the end of this guide
- A copy of your completed checklist.

### **Application Checklist and submitting your application**

When your PWD application is completed, look at the Applicant Checklist on page 28 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 we are frequently asked.

### **Q: What do I do if I don't have a doctor to help complete my application?**

A: Finding a doctor can be difficult. Fortunately, you now have the option to also have a nurse practitioner help with Section Two of your PWD application. Whether you get help from a doctor or a nurse practitioner, it is a good idea to see them a few times before you ask to have the form completed. It is important that they know you.

### **Q: Do I have to pay to have my doctor, nurse or assessor to fill out the application?**

A: No, the provincial government pays doctors and assessors to do this. Health professionals should not charge you any extra fees.

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

A: The Ministry will accept only certain professionals as assessors on your PWD designation application. There is a list of accepted professionals in the application. Ask the doctor or nurse who completed Section Two to complete the assessor section if you do not have another health professional who knows you.

### **Q: What if I am turned down for PWD?**

A: 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 an MSDPR office.

We recommend that you phone MSDPR (1-866-866-0800) as soon as you receive the PWD denial letter. Within about 24 hours, the office should put together a reconsideration



package that includes the reconsideration request form, a copy of your application and any other information that was sent in with your PWD application. 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 20 business-day deadline (or are worried you cannot meet the deadline), ask MSDPR for an extension. 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.

**Q: Are children eligible for PWD?**

A: No. You have to be 18-years-old to receive PWD benefits. You can begin the PWD application process up to six months before your 18th birthday.

**Q: Is the PWD designation permanent? Will the Ministry ask me to re-apply for PWD in the future?**

A: Although the PWD designation is not a permanent designation, the current MSDPR practice is not to ask people to re-apply for PWD. In other words, you will not be asked to complete another 28-page application.

**Q: Do I have to be on income assistance before I apply for PWD?**

A: You do not need to be in receipt of income assistance to apply for PWD, but you do need to apply for income assistance before you can apply for PWD. The reason for this is so that MSDPR can assess your financial eligibility first before applying for the PWD designation. There are some cases where you may not be financially eligible to get income assistance, but MSDPR will determine that you may still be under the income threshold to apply for PWD. For example, if your income is over \$935 per month (the current welfare rate), but under \$1,358 (the current PWD rate), or if your assets are over \$5,000, but are under \$100,000, then you are allowed to apply for PWD, however in all cases you must go through the income assistance application process before applying for PWD. For more information, see our Help Sheet 12 or contact your local advocacy group. Please note that Disability Alliance BC does not provide assistance with the income assistance application.

**Q: Can I apply for PWD if my assets exceed the allowed asset limits for PWD (\$100,000 for a single person)?**

A: In some situations, you can. For example, if you have no income, you are living on your savings and you expect your assets to be under \$100,000 in a few months, then you should be allowed to apply for PWD.

**Q: How long does it take for the Ministry to make a decision regarding my PWD application?**

A: Adjudication times can vary. However, it is not unusual for the Ministry to take two months or more to make a decision on your PWD eligibility.



**Q: Can PWD applications be fast-tracked?**

A: The Ministry can sometimes do this. If you have a grave medical condition, it is important to let the Ministry know by asking for the application to be expedited when you submit it.





## Letter to doctors/nurse practitioners

Dear Doctor/Nurse Practitioner:

Your patient is applying for the PWD (disability) designation and needs your assistance with the application. Section Two must be completed by a doctor or nurse practitioner. 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 **two 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, nurse 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, mobility in and outside of the home, 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.**



## 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, nurse practitioner 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?
- If money (not having enough) and shelter (not having my own kitchen and bathroom) were not concerns, would I be restricted in personal care routines, preparing and eating meals, and managing personal finances?

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 care routines:**

- o getting in and out of the bathtub
- o standing in the shower
- o reaching up and down to wash my body or hair
- o shaving, brushing my teeth, hair and washing my face
- o remembering or having the motivation to do at least basic hygiene daily
- o getting ready for bed
- o getting in or out of bed
- o dressing



## **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 or having motivation to eat regular meals and healthy foods

## **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 the 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:**

- community agencies
- counsellors
- family members
- friends
- health professionals
- home support workers
- roommates
- support groups
- volunteers
- 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
- splints
- orthotics
- toileting aids
- walker
- wheelchair
- other \_\_\_\_\_

**I need or have an assistance animal**

- yes



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