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# People with Disabilities on Reserve: The PWD Designation

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Disability Alliance BC has prepared this sheet to help you complete the Indigenous Services Canada (ISC) disability designation application for the Persons with Disabilities (PWD) benefit.

It 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/nurse practitioner and assessor (a professional who can describe the impact of your disability on your daily life). There is also a checklist to help you identify the daily living activities you have trouble performing because of your disability.

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

## **PWD on and off reserve**

The federal government, and each province and territory, have their own definition of a person with disabilities and their own disability benefits programs. In British Columbia, the disability assistance program is often called “PWD benefits,” both on and off reserve. The important difference is that, on reserve, PWD is designated by the British Columbia Aboriginal Network on Disability Society (BCANDS) on behalf of ISC and, off reserve, PWD is administered by the Ministry of Social Development and Poverty Reduction (MSDPR).



The definition of disability and the PWD designation application form used on reserve is modelled on the PWD definition and application that is administered by the MSDPR, so they are almost exactly the same. The disability assistance rates on and off reserve are also the same, although there are some slight differences in the supplements available to you.

If you live on reserve and have the ISC PWD designation and you choose to move off reserve, you will usually not be required to complete an MSDPR PWD designation application. With a release of information, BCANDS will forward a copy of your PWD designation application directly to the MSDPR. The MSDPR will review the information and most likely confirm your eligibility for disability assistance off reserve. There is a chance, however, that if MSDPR is not satisfied with the information, they will ask you to fill out a new PWD designation application.

Likewise, if you have been living off reserve and the MSDPR has granted your PWD designation, and you choose to move on reserve, the MSDPR will forward a copy of your PWD application to BCANDS. They will decide whether or not you meet the ISC PWD requirements.

## Getting started

If you are already receiving social assistance, contact your Band Social Development Worker and tell them you want to apply for PWD and get a PWD application. If you are not on social assistance, contact the Band Social Development Worker to find out if you are financially eligible to apply for PWD.

## What you will get with PWD

- You will receive up to \$1,483.50 per month, if you are a single person without dependents
- You will receive a \$52 Transportation Supplement per month OR an in-kind monthly bus pass (for a total of \$1,535.50). Contact your Band Social Development Worker for more information
- You will not be expected to look for work
- You will be able to keep up to \$16,200 per year in earned income as a single person
- If you are non-status and do not have health coverage, you will be eligible for a range of health supplements.

## 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
- your disability 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.

## The PWD Designation Application

The application form for PWD has four sections:

**Section One:** is filled out by the Band Social Development Worker

**Section Two:** is filled out by you

**Section Three:** is filled out by your doctor or nurse practitioner

**Section Four:** is filled out by your “assessor.” 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.

**It is important to note that your Assessor cannot be an employee of the Band/Community (referred to as the Administrating Authority) if that community administrates the ISC Social Development Program. The Assessor also cannot be a relative of the applicant.**

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

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

When you look at Section Two, 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 number, write in “no phone.”

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

When you look at Section Two 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 your BDSW if you are not sure what to write.**

Because you have to complete Section Two first, the doctor/nurse practitioner and assessor may use it as a guide when they fill out their sections: Sections Three and Four. 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 Two, 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 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, and depression, and anxiety, and learning disabilities. Again, the more information you can include, the better.

#### **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 following activities are considered daily living activities:

- performing personal hygiene and self care (for example, bathing)
- preparing meals
- taking medications
- 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 Two, remember to sign your name and 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 Three (for your doctor or nurse practitioner to fill out)**

Section Three is the part that your doctor or nurse practitioner must fill out. It begins with some directions and information for your doctor/nurse practitioner. They must fill out the part of Section Three that says “to be completed by the applicant’s physician or nurse practitioner only.” If you have more than one doctor/nurse practitioner, ask the one who knows you best to fill out the form.

Because Section Three is to be completed by your doctor or nurse practitioner, we are not going to go through each question. We will give you a few general ideas that we think will help.

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

Section Three has many questions for your doctor or nurse practitioner to answer. Their ability to answer them correctly will depend on how well they know you. Meet with your doctor or nurse practitioner to discuss the form and go through the questions before they fill it out. This is particularly important if you do not have a family doctor or nurse practitioner and you go to a walk-in clinic.



### **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 Three and then show it to your doctor or nurse practitioner to see if they think it is accurate. If they agree 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 9 of this guide: “Letter to doctors/nurse practitioners”
- A copy of your completed checklist.

### **Section Four (for your assessor or doctor/nurse practitioner to fill out)**

Section Four is the part that your assessor or doctor/nurse practitioner must fill out. It begins with some directions and information for them.

Take a look at the list of assessors who can fill out Section Four, listed on page 3 of this help sheet. Your assessor must be a registered professional. For example, if a social worker is filling out Section Four 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*. Remember, if you do not have an assessor, your doctor/nurse practitioner can complete Section Four.

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

- Your PWD designation application form with your section and your doctor’s/nurse practitioner’s section completed
- You may want to photocopy the form, fill in Section Four and show it to your assessor
- Page 10 of this guide: “Letter to assessors”
- A copy of your completed checklist.

## **Applicant Checklist and submitting your application**

When your PWD application is completed, look at the Applicant Checklist at the end of the form. Make sure you have included everything. We suggest that you make a photocopy of the completed form before you send it in.

When you are sure that everything is complete, mail your application to the BCANDS PWD Adjudicator. Ensure that you have your return address on the envelope.

BCANDS is responsible for reviewing your application and notifying you of their decision in writing.





## Frequently Asked Questions

### **Q: What do I do if I don't have a doctor to 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 Three 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 my doctor, nurse practitioner or assessor to fill out the PWD application?**

A: No. The doctor, nurse practitioner and assessor are asked to write invoices for completing Section Three and Four of the application, and then the Administering Authority (the band) takes responsibility for payment. Doctors, nurse practitioners and assessors should not charge you an extra fee. If they try to charge you, remind them that they are already being paid by the Ministry of Health for this service.

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

A: Only certain health professionals can act as assessors on your PWD designation application. There is a list of accepted professionals in the application. Ask your doctor or nurse practitioner 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 denying your application to give the Administering Authority a Request for Administrative Review and reasons why you think the decision to deny you PWD is wrong. To start an Administrative Review, you must ask your Band Social Development Worker for a Request for Administrative Review form. Along with this form, the worker should include a copy of your PWD application. It is important to include supporting documentation with your Request for Administrative Review. The best kind of support letter is a letter from your doctor or nurse practitioner explaining why your disability meets all the requirements of the PWD definition of disability. Make sure you get all this information in before the 20-business-days deadline.

If the Administrative Review is not successful and PWD is not approved, you can ask for your case to be heard by an Appeals Committee. However, you must make a request for an Appeals Committee hearing within seven business days of receiving the Administrative Review decision. If you are doing an appeal, it is a good idea to have help from an advocate.

### **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 18<sup>th</sup> birthday.



**Q: Is the PWD designation permanent or will I be asked to re-apply for PWD in the future?**

A: Although PWD is not a permanent designation, the current practice of BCANDS is to only review PWD eligibility in exceptional circumstances. For example, if BCANDS believes they have been provided with inaccurate information, they may conduct a review of your PWD designation. This means most people on PWD will not be asked to fill out another PWD designation application in the future.

**Q: If I am not a First Nations person and I am living on reserve, do I need to complete an ISC PWD application through the band?**

A: Yes. The only exception is for non-status people residing on commercial property on reserve. These people have to apply through MSDPR.





## Letter to doctors/nurse practitioners

Dear Doctor or Nurse Practitioner:

Your patient is applying for the PWD (disability) designation and needs your assistance with the application. Section Three is to be completed by the applicant's physician or nurse practitioner. You may also be asked to complete Section Four—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 Four—the Assessor Report—is to be completed by the applicant’s physician/nurse practitioner or a qualified assessor (the list of prescribed professionals who may complete the assessor report is located near the front 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 Two 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 which daily living activities are important and help you identify whether you have limitations in these areas. You can also show the checklist 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 them?

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 planning 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



### **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 up 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
- splints
- orthotics
- toileting aids
- walker
- wheelchair
- other \_\_\_\_\_

**I need or have an assistance animal**

- yes

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