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**CARES**  
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This is your **PWD Kit**. We hope it will help you with your application for Persons With Disabilities (PWD) income assistance from the Ministry of Social Development and Poverty Reduction (MSDPR).

### The Kit Includes:

- Information About Applying for PWD
- Tips for Filling out the Application
- Our Check-Sheet for People with Disabilities
- A Letter of Information for your Doctor
- A Sample PWD Application Form

### A Note from the Advocacy Centre

We suggest that you fill out the sample application form first. If you find the check-sheet helpful, you could start by going over that list. Then you can show your work to your doctor and/or assessor to help them understand the details of your life from YOUR perspective.

If you have any questions, or need more support, please contact us. We can go through the form with you before you visit your doctor, or review your completed form before you send it to MSDPR. If someone is helping you with the application, you can bring him or her along when you see us.



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## Applying for Provincial Persons With Disability (PWD) Status

### Getting your Application

- You can only get the actual PWD application from the Ministry of Social Development and Poverty Reduction (MSDPR).
- If you are already getting income assistance, go to your local MSDPR office and ask for a PWD application form, or call MSDPR and ask them to mail one to you.
- If you are not on income assistance, you have to go through a preliminary application process first. You can start this online at <https://myselfserve.gov.bc.ca/>. If you are not able to apply online, you can visit your local MSDPR office, or call the Ministry at 1-866-866-0800, and ask for a 'staff-assisted' application. Be sure to tell them that you want to apply for disability benefits (PWD). Call us if you run into problems with this application process.

### Section One of the PWD Application (for you to fill out)

- Our suggestion: Write a description of how your disability makes it difficult or impossible to complete daily living activities, using this kit. Show this to your doctor and assessor. After your doctor and assessor have filled out their parts, write what is most important to you in your section.
- Remember that this application is not about whether or not you can be employed. You need to focus on all the ways that your physical or mental impairments affect your ability to complete daily living activities.
- Make sure that you are clear about where you need or require assistance even if you are not actually getting assistance.
- Assistance can take many forms, and is not always physical assistance. For example, if you can physically do laundry, but need to be reminded or you won't do it, you should include this in your description.
- People with disabilities can get so used to coping that they may not be aware of the help they get or the ways they cope. For example, if you wash your dishes by yourself and take a lot of breaks, go very slowly, or just don't do as much as you should, you need to include this in your description.
- If you have good days and bad days, please say how often, and for how long, the bad days occur. If you need help sometimes, but not all the time, describe the help you need and how often you need it.
- You can include letters from professionals and friends with your part of the application.
- Sign your name and date Section 1 (see page 5 of the application). You must have your signature witnessed. Anyone over 18 years of age can witness, sign their name, and fill in their address in the spaces provided.

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

- You must have a BC doctor. It is a good idea to see a new doctor a few times so they can get to know you before you ask them to fill out your application.
- Make sure you know and agree with the diagnosis that your doctor writes on the application - this will be the basis of your whole application.
- Doctors are asked to comment on things like whether you can do housework, when of course it is not part of a medical evaluation to observe you doing housework. Make sure to tell them where you need assistance for daily living activities.
- Tell your doctor about all daily living activities where you take twice as long as, or longer than a healthy person to perform. Include those activities where you have to rest for a long time afterwards.
- If you have to rest after or during an activity, the resting counts as part of the time it takes you to get the task done.
- If there are parts of the form that your doctor hesitates to answer, ask what type of professional your doctor thinks would be more appropriate to answer. If that professional can provide a written opinion, your doctor might be willing to confirm it.

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

- Your doctor can fill out the assessor part of the application form.
- Some doctors might not want to fill out the assessor part of the form, especially if they don't know you very well.
- Assessors can only be from occupations listed on the application form (see page 14 and/or 16 of the application). Social workers must be registered or employed by a BC Health Authority.
- If you have a mental impairment, you can ask a registered social worker, psychologist, or nurse to fill out this section. Welfare workers are not social workers and cannot fill out the assessor part of the application.
- If you have a physical impairment, a physiotherapist or occupational therapist can act as your assessor. Keep in mind that they may be uncomfortable providing a professional opinion on the basis of one visit.
- The Ministry uses the word "independent" on the assessor part of the form to mean "not disabled". If your assessor uses the word independent to mean something different, you should clarify that with him or her.
- If you try to do as much as you can on your own, or perhaps you live alone and have no choice, pay attention to the columns on pages 17, 19 and 20 that say, "takes significantly longer". Do your best to estimate how much longer. Include times when you must rest and recuperate.

## When you have Completed the PWD Application

- Use the Applicant Checklist on page 27 to make sure that you have included everything.
- If you want to be notified when the Health Assistance Branch receives your application, fill out your name, number and address on the form provided underneath the Checklist.
- You can mail in your completed form using the envelope provided (no postage is required), or you can drop off your application to the Ministry of Social Development and Poverty Reduction office.

### **Tips to Remember**

- The most important information you need to let doctors and assessors know are your restrictions in completing daily living activities.
- Have all necessary information ready when you see your doctor. Try to stay focused. Your doctor is busy.
- Make lists easy for your doctor to read - use point form and type or print clearly.
- Get written statements from people who often help you, such as family and friends. You can show them to your doctor, or send the statements with the rest of your form to help strengthen your application.
- Use our check-sheet to guide what you tell your doctor. Our check-sheet helps make sure that you consider every aspect of your disability. Many of the sections might not apply to your situation but please look over each one so you don't miss anything.
- People get very used to coping with disabilities. But, if you tend to tell your doctor you are okay when you are not, or if you don't count the help you get from other people, the Ministry may not fully understand why you are applying.
- Remember, if you have good days and bad days, write down how often and how long bad days occur.
- You are the expert on your day-to-day life and you should let your doctor and the assessor know about those details.
- Be aware of your **WORST DAYS**, not just when you are feeling okay. Try to track and explain how many "worst days" you have.
- It can be emotionally draining to think negatively about your disability, so take your time with the application and use your support circle.
- If your PWD application is turned down, you have the right to appeal within 20 business days (weekends and public holidays don't count) from the day you received the letter from the Ministry of Social Development and Poverty Reduction. **Contact an advocate as early as possible if you have to appeal.**

## People with Disabilities Check-Sheet

**This check-sheet is to help you identify which daily living activities are affected by your disability. We strongly recommend you let the support people in your life help you with this. This check-sheet can also be used to help your doctor and assessor understand the daily activities you need help with.**

If you have a physical impairment you need to compare yourself to someone who is healthy. Include all support. Sometimes people forget the amount of support they get because it has become part of their routine. Remember to also note tasks where you take a significantly longer time than someone who is healthy.

If you have a mental impairment, you may be able to do physical tasks but you might need emotional support or counselling to get things done. For example, if you have depression and someone has to check on you to make sure you have gotten out of bed and eaten, that is assistance no matter if it is a friend or paid caregiver.

\* \* \* \* \*

The doctor and assessor are asked to note all the places where your ability to perform daily living tasks is restricted. They are also asked to note whether the assistance required (whether or not you actually get the assistance you need) is continuous or periodic. Use the following definitions:

- **Continuous assistance** - my condition is constant, it affects me most or all of the time for an activity.
- **Periodic assistance** - use this category only if you have days where you are not affected by your disability. You must tell your doctor and assessor how often your condition affects you, and for how long. If they say you need periodic assistance, MSDPR will assume it is too infrequent to make you qualify unless it is clearly stated otherwise.

**Daily Living Activities (Organized by categories used by MSDPR in the PWD form - note the categories are different in sections two and three of the PWD Application.)**

For most physical activities, you must consider whether you can normally do the basic movements required (for example, being able to wash the shower or bathtub requires kneeling down, bending and reaching). Check off the following items that are affected by your disability:

- reaching arms above my head
- reaching arms to body parts
- reaching arms out in front of body
- bending to retrieve items from the floor
- kneeling down
- getting up from kneeling position
- carrying, lifting
- pulling, turning
- \_\_\_\_\_
- \_\_\_\_\_

Check the following that are affected by your mental health disability (Consider these items as requirements for having enough mental focus and ability to perform daily living tasks):

- maintaining concentration
- learning disabilities
- being able to recall information
- confusion
- remembering the time or date
- staying on task
- communicating orally or written
- being withdrawn/isolated
- experiencing delusions/thought disorders
- coping with anxiety
- coping with depression
- being able to problem solve (plan, organize, or use appropriate judgment)
- hostility
- \_\_\_\_\_
- \_\_\_\_\_

## **Check the following items that are affected by your disability:**

### **Personal Self Care**

- cutting nails
- dress myself
- standing in the shower
- reaching arms above my head to wash my hair
- reaching arms to body parts
- shaving
- brushing my teeth or remembering to brush my teeth
- brushing my hair or remembering to brush my hair
- getting into or out of bed
- finding a comfortable position to lie in
- getting into or out of chairs
- getting into or out of the tub
- standing in the shower
- going up and down stairs
- how long I can sit in one position
- getting on and off the toilet

### **Housecleaning**

- washing counters and sink
- cleaning bathtub
- cleaning toilet
- washing dishes
- putting dishes away
- sweeping/mopping floors
- carrying laundry
- doing laundry
- folding laundry
- being able to maintain acceptable sanitary conditions
- cleaning oven, fridge
- vacuuming
- dusting

### **Shopping**

- walking around the store
- being able to be in a store that is crowded

## Shopping continued

- reading/understanding labels and prices
- moving groceries from shelves to cart, cart to cashier
- being able to wait in line without becoming frustrated, angered
- carrying groceries to transportation
- carrying groceries into house
- buying appropriate, affordable food/supplies/clothing
- paying for purchases

## Meal Preparation/Cooking

- chopping, peeling, and other actions of food preparation
- standing at sink and stove
- using a can opener
- opening jars
- understanding recipes/cooking instructions on labels
- hearing water boil
- remembering to attend food on the stove/in oven
- lifting food from cupboard to counters
- lifting/carrying pots
- meal planning
- safe handling and storage of food
- making good nutritional choices
- putting food in my mouth
- being able to chew and/or swallow
- trusting that food is edible
- not throwing up after a meal
- sensing spoiled food

## Managing Finances

- remembering to pay bills on time
- keeping track of bills
- returning items I don't need or can't afford (re: mobility, anxiety, etc.)
- reading bills
- budgeting for groceries, bills and other necessities
- controlling impulse buying
- using a bank machine
- writing cheques, understanding my bank statements

## Management of Medication

- counting my pills for the day
- remembering to take medication
- filling/refilling prescriptions
- safe handling and storage of my medication

## Mobility Outside the Home (or Transportation)

- standing at bus stops
- figuring out the bus schedule
- figuring out where to get off the bus
- sitting on the bus (re: agitation or pain, etc.)
- going up or down stairs or ramps
- walking on uneven pavement/ground
- driving
- walking \_\_\_\_ blocks before I have to stop and sit down and rest
- getting in and out of a vehicle
- require using a taxi
- live out of town\_\_\_\_\_km
- yard work
- snow removal
- arranging for transportation

## Social Functioning

- being able to avoid dangerous situations to self or others
- poor social judgment
- unable to maintain relationships
- unable to respond to basic social cues
- problems interacting with others
- unable to get help from others
- difficulty making decisions
- unable to deal with unexpected demands
- being disruptive, aggressive, abusive
- withdrawn behaviour from family, neighborhood contacts, acquaintances, storekeepers, public officials, etc.
- bizarre behaviour
- being rejected by others
- being able to express how I feel

Social Functioning continued

- repetitive behaviour
- controlling impulses
- reducing agitation
- loss of motivation (initiative or interest)
- other \_\_\_\_\_

**Communication**

- hearing others face to face
- hearing over the telephone
- understanding the spoken word (conversation, tv, radio)
- understanding the written word (newspaper, written documents, resources)
- unable to use a computer/internet
- being able to speak to people I do not know
- being able to speak to people in appointments
- being able to speak loud enough to be heard by others
- unable to fill out forms
- speech impediment/stutter, etc.
- being able to control my responses when under stress/experiencing anxiety

You should note all assistance you have from anyone - family, friends, and anyone from your community whether they are paid or are volunteers. You should also note any assistance devices as listed on page 20 and 22 of the PWD application.

Additional Information:

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