



Tsawout First Nation Property
Taxation
PO Box 121
7728 Tetayut Road
Saanichton, B C V8M2E4
250-652-9101 fax: 250-652-9114

Medical Certificate for Owner/Holder of Property

Please print clearly and fill out form completely.

Part A – to be completed by physician
Patient Name:

Patient Address:

a) What is the nature of the disability?

b) When did this disability occur?

c) Is this disability permanent? Yes No

Physician name – {please print)

Physician Address:

Physician Certification:
I have read the interpretation guidelines and hereby certify that the answers to the above questions are, in my professional opinion, true and apply to the patient named above.
Physician's Signature: _____ Date signed: _____.

Part B – TO BE COMPLETED BY PROPERTY OWNER:

a) I am the person named in Part A above, Or

b) I am the spouse or a relative of the person named in Part A above and that person resides in my principal residence. _____ (relationship.)

I understand that I must submit supporting documentation of the disability upon request by the Tsawout First Nation Tax Administrator.

Property Owner Signature _____ Date Signed _____ .

Address of Owner: _____ .

It is an offense to make a false application for the Disability Grant.
**** PLEASE TURN OVER TO REVIEW PHYSICIAN GUIDELINES ****



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Interpretation guidelines for Physician

The following guidelines should be considered in determining whether your Patient qualifies under Part “A” of this certificate.

- **The intent of the handicapped classification is to allow home owners an additional benefits under the provincial policy where either he/she or relative permanently living in the home, have a permanent physical handicap which necessitates costly modifications to the home, or extensive physical assistance to enable normal functioning within the home.**
- **The disability must be a physical handicap of a permanent nature and there must be no remedial therapy available to the individual which would significantly lessen the handicap.**
- **“Physical Assistance” mean extensive supervision and care which is necessary in order to perform the functions of daily living in the home; for example, preparation of meals, personal care and hygiene. Please note that this does not include any external activities.**
- **A person does not necessarily qualify if he/she is in receipt of a disability pension or workers compensation benefits.**
- **“Environmental Modifications” may be in the form of ramps, wheelchair access to the home, widening to doorways installation of elevators or other lifting devices, etc.**