

The Disability Tax Credit Certificate

Tips for Audiologists



Developed by:

The Canadian Academy of Audiology (CAA)

&

Speech-Language and Audiology Canada (SAC)

Purpose of This Document

The wording related to eligibility criteria for the DTC Certificate is quite vague and has caused confusion for both audiologists and consumers. The goal of this document is to provide helpful tips, points of consideration and reference materials for audiologists as they complete the form.

CAA and SAC have developed this information as a support document, but the concepts have not necessarily been adopted by the Canadian Revenue Agency (CRA). Audiologists are to use the information contained in this document at their own discretion.

Advocacy

CAA and SAC continue to advocate for changes to the DTC certificate at a federal level and also continue to participate, along with VOICE for hearing impaired children, on the National DTC Working Group led by the Canadian Hard of Hearing Association (CHHA). To learn more about the work of this group, visit CHHA at <http://www.chha.ca/chha/dtc.php>.

What is the Disability Tax Credit (DTC)?

The details:

- The DTC is a non-refundable tax credit used to reduce income tax payable on an individual's tax and benefit return.
- The credit amount includes a supplement for individuals who are younger than 18 at the end of the tax year.
- All or part of this amount may be transferred to a spouse or common-law partner, or another supporting person.
- If a child (under 18) is eligible for the disability amount, he or she is also eligible for the Child Disability Benefit, an amount available under the Canada Child Tax Benefit.
- To apply for the DTC, an individual must fill out and submit an application - [the DTC certificate Form T2201](#).

What do audiologists need to know?

- On the DTC certificate Form T2201, audiologists are named as qualified practitioners who may certify hearing impairment.
- You have a responsibility to complete Part B of the form if a patient requests it. Audiologists must use their best judgment in order to determine eligibility.

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Frequently Asked Questions

Question # 1: If I'm not sure whether or not my client meets the criteria for the DTC, should I sign the form?

Tip: CRA has stated that they want audiologists to complete the form. Complete the form to the best of your ability; CRA will make the final decision on whether someone qualifies for the DTC - not the audiologist.

Question # 2: What are the criteria to receive the DTC for hearing loss?

It is commonly thought that only those with profound hearing loss who use manual communication such as ASL or deafened individuals who rely on lip reading qualify for the DTC.

From Form T2201 - page 3:

Your patient is considered markedly restricted in hearing if, all or substantially all the time, he or she is unable or takes an inordinate amount of time to hear so as to understand another person familiar with the patient, in a quiet setting, even with the use of appropriate devices.

Notes: Devices for hearing include hearing aids, cochlear implants, and other such devices. An inordinate amount of time means that hearing so as to understand takes significantly longer than for an average person who does not have the impairment.

Examples of markedly restricted in hearing (examples are not exhaustive):

Your patient must rely completely on lip reading or sign language, despite using a hearing aid, in order to understand a spoken conversation, all or substantially all the time. In your office, you must raise your voice and repeat words and sentences several times, and it takes an inordinate amount of time for your patient to understand you, despite the use of a hearing aid.

Tip: Eligibility for the DTC is based on the functional impairment of the patient, not the medical diagnosis.

Although the DTC document states that *"Your patient must rely completely on lip reading or sign language, despite using a hearing aid, in order to understand a spoken conversation, all or substantially all the time."*, this is only an example of what markedly restricted might look like, not the actual criteria for receiving the DTC.

It is up to the audiologist to look at their client as whole to determine if there are other examples that might fit the actual criteria – which is:

"Your patient is considered markedly restricted in hearing if, all or substantially all the time, he or she is unable or takes an inordinate amount of time to hear so as to understand another person familiar with the patient, in a quiet setting, even with the use of appropriate devices."

Question # 3: Should I attach a letter of support to the DTC form with more examples of how my client is markedly restricted in order to help them qualify? If yes – what are some other examples I could include?

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Tip: Yes! In addition to completing Part B on page 9, which includes the effects of impairment, CRA has said that they welcome additional supportive information as part of the review process. It is critical to the determination process to provide sufficient practical detail to demonstrate how the patient's hearing loss functionally impacts his/her basic activities of daily living.

Examples that could be used to demonstrate that your client is markedly restricted when communicating with people that are familiar to them, in a quiet setting, even with the use of an appropriate device like a hearing aid or cochlear implant include:

- **Whenever visual cues are compromised.** Examples could be in environments where the speaker is not facing the client or when lighting is not optimal.
- **Whenever distance to the speaker is a factor.** An example could be when the client is not positioned close to the sound source, such as in a meeting or large group interactive discussion, where the client is unable to strategically position his or herself to hear multiple people speaking at various points of distance (even if everyone is speaking one-at-a-time.)
- **In any environment where the speakers, even if familiar to the client, are not using effective communication strategies.**
- **During situations where members of the family need to communicate with the client while sleeping.** The sleeping state is a quiet environment where others may attempt to communicate with the client. He/she would be markedly restricted in this scenario as compared to people who do not experience hearing loss.

Question # 4: What is a “quiet setting?”

Tip: The ‘quiet setting’ criterion is frustrating to address as the real world is not quiet. In the 2001 legal decision from case law, Barber vs. The Queen, the court found that a

“quiet setting must be the normal setting that a person encounters during the day when they are performing the functions of daily living.”

The court went on to say that

“it must refer to a normal situation in which a normal person would find themselves during the context of conducting their life during a normal day.”

While the CRA does not clearly and consistently implement this ruling of its own accord, we suggest that, if you feel it is relevant, you may want to consider invoking the definition.

More information on Barber vs. the Queen can be found at:

<http://www.canlii.org/en/ca/tcc/doc/2001/2001canlii863/2001canlii863.html>.

It is important to include information about the ‘normal setting’ for your client. A real life example of eligibility for the DTC should take notice of the person's personal life as well as profession, career, studies, etc..

For example: As a manager in an office, your client is expected to chair meetings with numerous participants around a boardroom table. He/she is expected to carry out telephone conversations with individuals of diverse backgrounds and communicate effectively with co-workers.

These are real challenges that can be very stressful and require resilience (and accommodations) for a person wearing hearing aids (or a cochlear implant).

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Question # 5: What if I am asked to sign the DTC application for a young child or infant, who I cannot fully assess? Should I sign the form?

Tip: In situations where a full assessment or determination of “markedly restricted” is not possible, many audiologists sign the form with the position that they would rather err on the side of caution for the child’s family until there is proof that the child is not markedly restricted. Again, CRA will make the final determination based on the certificate and supporting documentation.

Question # 6: Should I sign the DTC for my clients who have single- sided deafness?

Tip: Single-sided deafness (SSD) can be very debilitating and affects people in different ways. Providing additional supportive information about how SSD affects your client’s communication ability in “quiet” (normal) settings with familiar speakers may be helpful to CRA in assessing eligibility for the DTC. You may want to consider providing examples where communication related to directionality could take an inordinate amount of time for your client.

Some challenging quiet environments could include:

- Riding in the car (deaf side facing driver)
- Interacting in circular group meetings (can be difficult even if participants are speaking one-at-a-time and even worse if distance is a factor for large circular discussions)
- Whispered communication into the deaf ear in quiet environments such as church, lectures or training

Question # 7: Are there any audiological references I can use to support clients in their application process, which would help define the severity of hearing loss?

Tip: Although the DTC application does not specifically outline audiological criteria related to eligibility, there are a few definitions (VAC, ASHA, WHO) that audiologists may reference in support of a client’s application.

Veterans Affairs Canada (VAC) Definition

For VAC purposes, a hearing loss disability exists when there is a Decibel Sum Hearing Loss (DSHL) 100 dB or greater at frequencies of 500,1000, 2000 and 3000 Hz in either ear, or 50 dB or more in both ears at 4000 Hz.

For VAC purposes, a non-disabling hearing loss exists when there is decibel loss greater than 25 dB at frequencies between 250 and 8000 hertz (inclusively), and this loss is not sufficient to meet VAC’s definition of a hearing loss disability.

The VAC definition is interesting since it is a Federal interpretation as to what constitutes a hearing loss disability.

The complete VAC definition can be found at:

http://www.veterans.gc.ca/eng/services/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/hearing_loss

ASHA Definition of Severely Hearing Handicapped

A severely hearing handicapped person is one who demonstrates:

1. An unaided speech reception threshold in the better ear of 55 dB HL or more, or

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2. An unaided speech reception threshold in the better ear of less than 55 dB HL with any of the following:
 - a. aided performance on a recognized measure of speech discrimination ability of 60% or less at
 - b. a sound field test presentation level of 75 dB SPL (loud conversational speech);
 - c. evidence of rapidly progressive hearing loss;
 - d. an inability to tolerate amplification and unaided performance on a recognized measure of speech discrimination ability of 60% or less at a sound field test presentation level of 75 dB SPL (loud conversational speech), or
3. In the event that recognized measures of speech reception or speech discrimination are inapplicable—for example, because of a foreign language barrier, receptive or expressive language disorder, etc.—an unaided pure tone average in the better ear of 55 dB HL or more

Link to ASHA’s Severely Hearing Handicapped definition: <http://www.asha.org/docs/html/RP1979-00213.html>

The World Health Organization (WHO) Definition

The WHO has defined “grades of hearing impairment” as below – with grades 2, 3 and 4 being classified as a disabling hearing impairment:

Grades of Hearing Impairment

Grade of impairment	Corresponding audiometric ISO value	Performance	Recommendations
0 - No impairment	25 dB or better (better ear)	No or very slight hearing problems. Able to hear whispers.	
1 - Slight impairment	26-40 dB (better ear)	Able to hear and repeat words spoken in normal voice at 1 metre.	Counselling. Hearing aids may be needed.
2 - Moderate impairment	41-60 dB (better ear)	Able to hear and repeat words spoken in raised voice at 1 metre.	Hearing aids usually recommended.
3 - Severe impairment	61-80 dB (better ear)	Able to hear some words when shouted into better ear.	Hearing aids needed. If no hearing aids available, lip-reading and signing should be taught.
4 - Profound impairment including deafness	81 dB or greater (better ear)	Unable to hear and understand even a shouted voice.	Hearing aids may help understanding words. Additional rehabilitation needed. Lip-reading and sometimes signing essential.

Grades 2, 3 and 4 are classified as **disabling hearing impairment**.

The audiometric ISO values are averages of values at 500, 1000, 2000, 4000 Hz.

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Link to the WHO definition:

http://www.who.int/pbd/deafness/hearing_impairment_grades/en/index.html

Questions? Comments?

If you have any suggested questions and tips that would be helpful to add to this document please contact Rex Banks on behalf of CAA at rbanks@chs.ca or Chantal Kealey on behalf of SAC at chantal@sac-oac.ca.

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