

# Primary Caregiver Tax Credit – Registration Form



## Level of Care Equivalency

If the care recipient is not receiving Home care services in Manitoba operated by a Regional Health Authority, Children’s disABILITY services, or Community Living disABILITY Services, their care needs must be assessed below by a doctor or nurse practitioner.

Complete ONE of either the Adult or Child section below, whichever applies.

Name of the Care Recipient: \_\_\_\_\_

**ADULT:** To be eligible, the care recipient requires care/assistance on a daily basis in Category 1 and in at least two of the three remaining categories, as outlined below. Check yes or no for each:

YES	NO	Care Category
<input type="checkbox"/>	<input type="checkbox"/>	1. (Required) Assisting and/or supervising with personal care such as bathing, feeding, dressing, grooming/hygiene, mobility, transfers, toileting/elimination, administration of medication.
<input type="checkbox"/>	<input type="checkbox"/>	2. Assisting and/or supervising with routine activities such as shopping, transportation, meal preparation, laundry, and housekeeping.
<input type="checkbox"/>	<input type="checkbox"/>	3. Arranging for supports/system navigation/community access, such as recreational activities, support groups, medical follow-up, counselling.
<input type="checkbox"/>	<input type="checkbox"/>	4. Providing regular and sustained advice, decision-making or emotional support.

OR

**CHILD (under 18 years old):** To be eligible, a child’s care needs require assistance in Category 1 and in at least two of the three other categories below due to a significant life-altering and/or life-threatening medical condition that creates physical, cognitive, or behavioural barriers to the child performing activities of daily living and independent activities of daily living.

YES	NO	Care Category
<input type="checkbox"/>	<input type="checkbox"/>	1. (Required) Assistance and/or supervision with personal care such as bathing, feeding, dressing, grooming/hygiene, mobility, transfers, toileting/elimination, administration of medication: There is a requirement of extra personal care beyond what is required at the child’s age (e.g. three years or older and unable to feed, transfer, or toilet self). Also, medical interventions are beyond what is usually expected of the age group (e.g. tube feedings, intramuscular injections, regular suppositories.)
<input type="checkbox"/>	<input type="checkbox"/>	2. Assistance and/or supervision with routine activities such as shopping, transportation, meal preparation, or laundry, housekeeping: These tasks are normally performed for younger children but may be considered if lifting or transferring equipment is required. For the pre-teen and teenage child, a serious condition that affects life and independence enhancing choices that are considered part of normal development, such as driving, shopping, or cooking may be considered.
<input type="checkbox"/>	<input type="checkbox"/>	3. Arranging for supports/system navigation/community access such as recreational activities, support groups, medical follow up, and counseling: Medical condition(s) affect the child’s ability to perform recreational, sports and other activities that are normally expected at their developmental age. The child requires additional time of the parent(s)/caregiver(s) or a substitute.
<input type="checkbox"/>	<input type="checkbox"/>	4. Providing regular and sustained advice, decision-making or emotional support: These functions are normally performed for, or in conjunction with, younger children; however, there are situations where additional supervision is required for some children’s health and safety. Increased responsibility is expected in teenage years and can be significantly affected by a medical condition (e.g. where life choices such as driving and working are affected by the illness causing continued dependency on the parent/caregiver and or continuous adaptations of the home environment).

**Doctor or Nurse Practitioner: (please print clearly)**

Name: \_\_\_\_\_ Profession/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_