



**Tk'emlúps te Secwépemc  
(Kamloops Indian Band)  
Lands, Leasing & Tax Department**

**MEDICAL CERTIFICATE FOR OWNER/HOLDER OF PROPERTY**

Assessment Roll or Folio Number:

**Please print clearly and fill out form completely.**

**PART A – TO BE COMPLETED BY PHYSICIAN**

PATIENT NAME:

PATIENT ADDRESS:

PC:

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:

PC:

**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 Tk'emlúps te Secwépemc (Kamloops Indian Band) Tax Administrator.

Property Owner Address:

PC:

Property Owner Signature

Date signed:

*It is an offense to make a false application for the:  
Handicapped Grant*



***Tk'emlúps te Secwépemc***  
***(Kamloops Indian Band)***  
***Lands, Leasing & Tax Department***

---

**MEDICAL CERTIFICATE FOR OWNER/HOLDER OF PROPERTY**

**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 benefit 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” means 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.