

# The Disability Tax Credit

Where the access  
chain falls apart



The Canadian  
Tax Observatory

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### Data Collection on the Disability Tax Credit

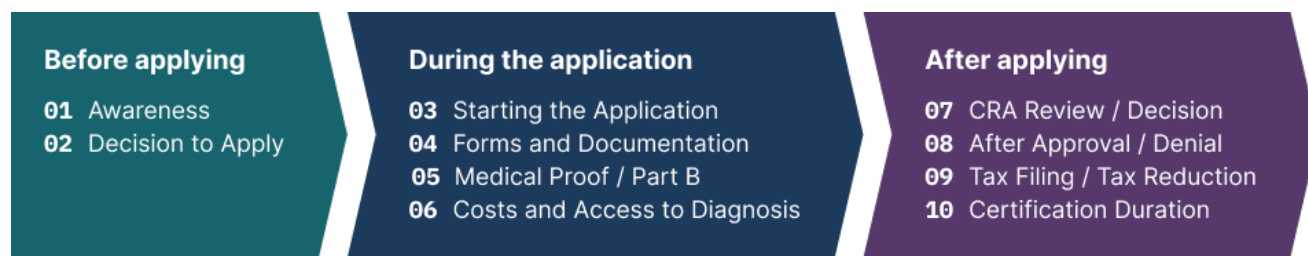
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# Executive Summary

This report summarizes the data and evidence collected as of July 2026, on the Disability Tax Credit with a focus on the administrative burdens for applicants. The purpose of the report is to bring together existing research, consultations, surveys, focus groups, policy submissions, government statistics, practitioner evidence, lived-experience examples and insights from meetings with key government and non-government actors. As part of the data collection process, the Canadian Tax Observatory engaged in productive conversations with the Canada Revenue Agency (CRA), the Department of Finance, Service Canada, Employment and Social Development Canada (ESDC), the Canadian Medical Association (CMA), the National Disability Network (NDN) and numerous organizations working with people with disabilities. These meetings guided and informed our data collection process.

The report uses a DTC Access Chain as an organizing framework to identify where applicants experience administrative burdens. The access chain is split into three stages: Before applying, during the application, and after applying. Within those stages, we have broken down access into 10 smaller steps that surface repeatedly in our research. The chain maps the process from awareness, to the decision to apply, the necessary forms, medical certification, CRA review, approval or denial, renewal and tax filing.

FIGURE 1 • THE ACCESS CHAIN AT A GLANCE



Full detail in figure 3

The evidence reviewed suggests that administrative obstacles exist across the full journey, not only at the initial application stage. Applicants may face barriers before applying because they are unaware of the DTC, do not understand eligibility criteria, do not know the DTC can unlock other federal benefits, or assume that the credit is not useful because it is non-refundable. This is especially important because the DTC is a gateway to other supports, including the RDSP, Child Disability Benefit, Canada Workers Benefit disability supplement, the Canada Disability Benefit and more.

**17%** of those who start the digital application complete and submit Part B. Applicants cannot clear this stage without an authorized practitioner they can reach, afford, and who understands the DTC criteria.

2024 CRA DISABILITY ADVISORY COMMITTEE, 2025

Our report also finds that applicant burden continues after the CRA makes a decision. Approval does not necessarily mean the applicant receives a direct tax benefit, particularly because the DTC is non-refundable and lower-income individuals may owe little to no tax. Temporary certificates can also create a second access burden through renewal, reapplication, and repeated medical proof. In addition, the CRA decision stage itself may be more complex than a simple approval or denial, as applicants may be approved for one restriction while other restrictions are not recognized.

Several cross-cutting burdens appear repeatedly across the access chain. The five most consistently identified are: low awareness and unclear information, complex forms and language, medical certification and practitioner dependence, costs/financial burdens and navigation, communication burdens. These burdens appear before, during and after the application process. For example, the evidence collected from Inclusion Canada/DIAP (Disability Inclusion Action Plan) highlights low awareness, concerns about narrow eligibility rules, the DTC as a gateway issue, repeated proof of disability, and medical practitioners acting as gatekeepers. Other sources describe the same movement across the process and together these findings suggest that administrative burden is cumulative.

FIGURE 2 • FIVE BURDENS THAT RECUR ACROSS THE CHAIN

| Low awareness                   | Complex forms                   | Medical certification           | Financial barriers              | Communication and navigation    |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>4</b>                        | <b>6</b>                        | <b>4</b>                        | <b>6</b>                        | <b>5</b>                        |
| OF 10 STEPS IN THE ACCESS CHAIN | OF 10 STEPS IN THE ACCESS CHAIN | OF 10 STEPS IN THE ACCESS CHAIN | OF 10 STEPS IN THE ACCESS CHAIN | OF 10 STEPS IN THE ACCESS CHAIN |

Each burden appears at more than one step of the chain. Detail in Figure 5

This document also identifies data gaps that should guide future data collection. While the evidence collected shows that administrative burdens exist, there is still limited data on how many people are unable to continue at each stage, why Part B is not completed, why some certificate holders do not claim benefit from the credit and what denied applicants do next. Identifying these gaps is important because it clarifies what is already supported by evidence and what still needs to be measured to strengthen the access-chain analysis.

Overall, the evidence suggests that the DTC access journey is shaped by administrative burdens that add up. Applicants may need to understand and grasp the complexity of the application which includes long forms, medical proof, costs, CRA systems, approvals and denials. And because the DTC is a gateway to many other federal programs, barriers in the DTC process can prevent access to more than one program.

The access chain establishes where the DTC application breaks down; the work that remains is to understand exactly why, and for whom. Two breakpoints matter most: the four-in-five digital applicants who start the digital application but don't go on to submit Part B, and the medical-certification stage at which much of that non-completion occurs. Because administrative burden is cumulative rather than concentrated, these breakdowns in access are best understood not as isolated barriers but as a lived journey in which cost, effort, and discouragement compound step by step. A focused program of primary qualitative research would explain these breakdowns, weight them by impact, and give government an evidence-linked account it can take to a partner in redesign.

FIGURE 3 • THE ACCESS CHAIN

## The DTC Access Chain – a snapshot

Ten steps across three stages, with the evidence most associated with each. Step 5 is the most urgent bottleneck identified across all source types.

| Stage 1 - Before applying                                                                                                                                                  |                                                                                                                                                                                | STEPS 1-2                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>01 Awareness</b><br>Low awareness across sources; the DTC is the access point for 17 federal programs.<br><b>14.6%</b><br>of persons with disabilities claimed it, 2022 | <b>02 Decision to Apply</b><br>Eligibility poorly understood; some assume the credit is not useful to them.<br><b>17.3%</b><br>of the lowest income quintile hold certificates |                                                                                                                                                                    |
| Stage 2 - During the application                                                                                                                                           |                                                                                                                                                                                | STEPS 3-6                                                                                                                                                          |
| <b>03 Starting the Application</b><br>Paper, digital, CRA My Account, tax clinics, navigators or paid consultants.<br><b>75%</b><br>need help                              | <b>04 Forms and Documentation</b><br>Long forms, repeated paperwork, unclear language and jargon.<br><b>1 in 3</b><br>find forms hard                                          | <b>05 Medical Proof / Part B</b><br>Applicants cannot complete this stage alone; they depend on a practitioner.<br><b>17%</b><br>submit Part B                     |
| <b>06 Costs and Access to Diagnosis</b><br>Fees for forms, assessments and diagnosis; waits for a practitioner.<br><b>\$350</b><br>DTC paperwork                           |                                                                                                                                                                                |                                                                                                                                                                    |
| Stage 3 - After applying                                                                                                                                                   |                                                                                                                                                                                | STEPS 7-10                                                                                                                                                         |
| <b>07 CRA Review / Decision</b><br>Status uncertainty, unclear reasoning and inconsistent communication.<br><b>59,000</b><br>calls about application status, 2023          | <b>08 After Approval / Denial</b><br>Approval is not the end; restrictions may be only partly recognized.<br><b>64%</b><br>of certificate holders claimed the credit, 2022     | <b>09 Tax Filing / Tax Reduction</b><br>A certificate does not guarantee a direct tax benefit.<br><b>658,560</b><br>certificate holders got no tax reduction, 2024 |
| <b>10 Certification Duration</b><br>Temporary certificates require renewal, new proof and new costs.<br><b>36%</b><br>temporary                                            |                                                                                                                                                                                |                                                                                                                                                                    |

See section 2 for sources used in each step

# Methodology

The methodology for this document involved reviewing and organizing evidence from government, advocacy groups, the disability sector, practitioners, independent and academic research, and reports of lived experience. Sources were identified and then grouped by type into seven categories, shown in Figure 4. This evidence was then used to understand challenges at each step of the DTC access chain. The analysis combined quantitative evidence, such as CRA statistics and call-volume data, with qualitative evidence from consultations, advocacy reports, budget submissions and caregiver studies. The data collection process was also informed by meetings with officials at the Canada Revenue Agency, Employment and Social Development Canada, the Department of Finance, Service Canada, disability advocates, organizations representing specific disability communities, the National Disability Network, and the Canadian Medical Association.

FIGURE 4 • THE EVIDENCE BASE



Thirty-one sources across seven categories. Circle area is proportional to the number of sources in each. Sources are listed by category in the References.

# Access Chain with Evidence Attached to Each Step – a summary

## STAGE 1 BEFORE APPLYING

### 01 Awareness: finding out DTC exists and why it matters

Low awareness appears across sources. CRA DAC identifies a critical awareness gap; Maytree shows low uptake: 14.6% overall claim rate among persons with disabilities. Maytree frames DTC as the access point for 17 federal programs. Policy Options and CRA DAC warn that DTC barriers become broader benefit barriers.

- CRA Disability Advisory Committee 2024 Fifth Annual Report (2025)
- Maytree: From screening out to welcoming in: Promoting access to federal disability benefits 2026
- Jill Teeple, Policy Options – The disability tax credit needs immediate reform 2024

### 02 Decision to Apply

Momentum's Alternative Pathways report includes a person who learned about DTC after 15 years on provincial disability and thought it was a scam. Heather Scofield's article in the Toronto Star on the DTC notes Dana Mason who was also unaware of the DTC until she overheard people talk about it. CRA data reports 11,000 calls surrounding eligibility in 2024. The Canadian Tax Observatory's Broken Links report notes that persons with disabilities in the lowest income quintile have a DTC certificate rate of only 17.3%.

- Momentum et al.: Establishing Alternative Pathways to Confirm Disability Tax Credit Eligibility 2026
- CRA Disability Advisory Committee: 2024 Fifth Annual Report (2025)
- Heather Scofield: How Ottawa's 'cruel' process keeps the majority of Canadians with disability from getting the Disability Tax Credit (2026)
- Gillian Petit, Broken Links: Poverty and the limits of the Disability Tax Credit, The Canadian Tax Observatory 2026

## STAGE 2 DURING THE APPLICATION

### 03 Starting the Application: choosing a channel

Applicants may use paper, digital application, CRA My Account, tax clinics, disability organizations or paid consultants. CRA received 28,000 calls about how to apply in 2023 compared to 30,000 calls in 2024.

- Inclusion Canada: "What We Heard" DIAP Pillar 1: Financial Security Canada Disability Benefit 2022
- CRA Disability Advisory Committee: 2024 Fifth Annual Report (2025)

### 04 Forms and Documentation

March of Dimes/Prosper participants called paperwork a "nightmare"; caregiver study participants had four three-inch binders of paperwork. DIAP self-advocates said they get tired of retelling their story and filling out paperwork repeatedly. The Canadian Tax Observatory's Broken Links report notes about 1/3 of RDSP applicants reported that DTC application forms are somewhat or very difficult to understand.

- March of Dimes Canada with Prosper Canada: A benefit without Barriers 2023
- Finlay et al., Disability Policy Research Program: Pan-Canadian caregiver experiences in accessing government disability programs 2023
- Inclusion Canada: "What We Heard" DIAP Pillar 1: Financial Security Canada Disability Benefit 2022
- Gillian Petit, Broken Links: Poverty and the limits of the Disability Tax Credit, The Canadian Tax Observatory 2026
-

05

## Medical Proof / Part B

Only 17% of people who start the digital DTC application complete and submit Part B. CMA: DTC form takes 36.6 minutes per submission.

- CRA Disability Advisory Committee: 2024 Fifth Annual Report (2025)
- Canadian Medical Association: Losing Doctors to Desk Work 2026

06

## Costs and Access to diagnosis

Diagnosis and proof can be expensive and delayed. Alternative Pathways participants: psychologist \$250/hour and \$5,500 assessment reported by one participant and \$350 DTC paperwork reported by another.

- Momentum et al: Establishing Alternative Pathways to Confirm Disability Tax Credit Eligibility 2026

### STAGE 3 AFTER APPLYING

07

## CRA Review / Decision

CRA DAC: 189,000 DTC-related calls in 2023 and 152,000 in 2024; 59,000 calls in 2023 were about application status alone.

- CRA Disability Advisory Committee: 2024 Fifth Annual Report (2025)

08

## After Approval / Denial

Approval is not the end. Only 64% of DTC certificate holders claimed credit in 2022. CRA reports 23,000 calls on how to claim the DTC in 2024. Further, in its 2024 data, CRA suggests that for applicants reporting more than one disability, there can be partial recognition of disability restrictions.

- CRA Disability Advisory Committee: 2024 Fifth Annual Report (2025)
- CRA – Disability Tax Credit Statistics 2015-2024 (2026)

09

## Tax Filing / Tax Reduction

In 2024, the CRA reports 1.73M people had a DTC certificate, but only 1.07M claimants benefited through a tax reduction. This means about 658,560 certificate holders did not show up as claimants of the tax reduction.

- CRA – Disability Tax Credit Statistics 2015-2024 (2026)

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## Certification Duration

CRA 2024 data: There are 1.73M DTC certificate holders. Among this, 1.1M hold indeterminate certification and 624,970 hold temporary ones. About 36% were temporary. CRA reports 10,000 calls about requesting a reassessment and 15,000 calls about the status of the reassessments in 2024.

- CRA – Disability Tax Credit Statistics 2015-2024 (2026)
- CRA Disability Advisory Committee: 2024 Fifth Annual Report (2025)

# Cross-cutting Burdens

Cross cutting burdens are recurring barriers that are prevalent across more than one stage of the DTC access chain. They are not limited to a single point in the process; instead, they shape the applicant experience before, during, and after the process. Across all sources and steps of the access chain, there are five burdens that appear pervasively. Low awareness, complex forms/documentation, medical certification/practitioner dependence, financial barriers and finally navigation and communication.

## 01 Low Awareness

4 OF 10 STEPS

This burden appears before someone applies, but it also affects latter steps because applicants are not aware of DTC's role as a gateway or how it connects to other benefits. Applicants may not know the DTC exists, may not know they are eligible, may not know it unlocks other supports or may not know what to do after CRA decisions.

- Inclusion Canada: "What We Heard" DIAP Pillar 1: Financial Security Canada Disability Benefit, Oct 2022
- CRA Disability Advisory Committee 2024 Fifth Annual Report (2025)
- Maytree: From screening out to welcoming in: Promoting access to federal disability benefits, 2026
- Canadian Centre For Caregiving Excellence, Caring in Canada 2026, 2026

## 02 Complex Forms

6 OF 10 STEPS

This burden appears when applicants start the application, complete Form T2201, gather documentation and interpret CRA decisions. It is cross-cutting because technical language affects whether applicants understand eligibility, whether practitioners complete the form correctly, and whether applicants understand why they were approved or denied.

- Inclusion Canada: "What We Heard" DIAP Pillar 1: Financial Security Canada Disability Benefit, Oct 2022
- CRA Disability Advisory Committee 2024 Fifth Annual Report (2025)
- Canadian Centre For Caregiving Excellence, Caring in Canada 2026, 2026
- Momentum et al – Increasing Access to the Disability Tax Credit: Establishing Alternative Pathways to Confirm Disability Tax Credit Eligibility 2026

## 03 Medical Certification / Practitioner Dependence

4 OF 10 STEPS

This is one of the most urgent cross-cutting burdens because applicants cannot complete the DTC process without certification from an authorized practitioner. Applicants depend on access to a doctor, the practitioner's understanding of DTC criteria, and the practitioner's willingness and ability to complete forms. It also reappears after approval when temporary certificates, reviews or renewals require new medical proof.

- Inclusion Canada: "What We Heard" DIAP Pillar 1: Financial Security Canada Disability Benefit, Oct 2022
- CRA Disability Advisory Committee 2024 Fifth Annual Report (2025)
- Prosper Canada: Roadblocks and Resilience: Insights from the Access to Benefits for Persons with Disabilities, 2021
- Canadian Medical Association: Losing Doctors to Desk Work, 2026

## 04 Financial Barriers

6 OF 10 STEPS

Costs appear before, during and after the application. Applicants may pay for medical forms, assessments, diagnosis and professional help. These costs are especially burdensome because many applicants are low income.

- Inclusion Canada: DIAP survey with over 1,200 respondents, 2022
- Inclusion Canada: Accessing the Inequity of the Market Basket Measure in Measuring Poverty for People with Disabilities in Canada, 2024
- Momentum et al – Increasing Access to the Disability Tax Credit: Establishing Alternative Pathways to Confirm Disability Tax Credit Eligibility 2026
- CRA Disability Advisory Committee 2024 Fifth Annual Report (2025)

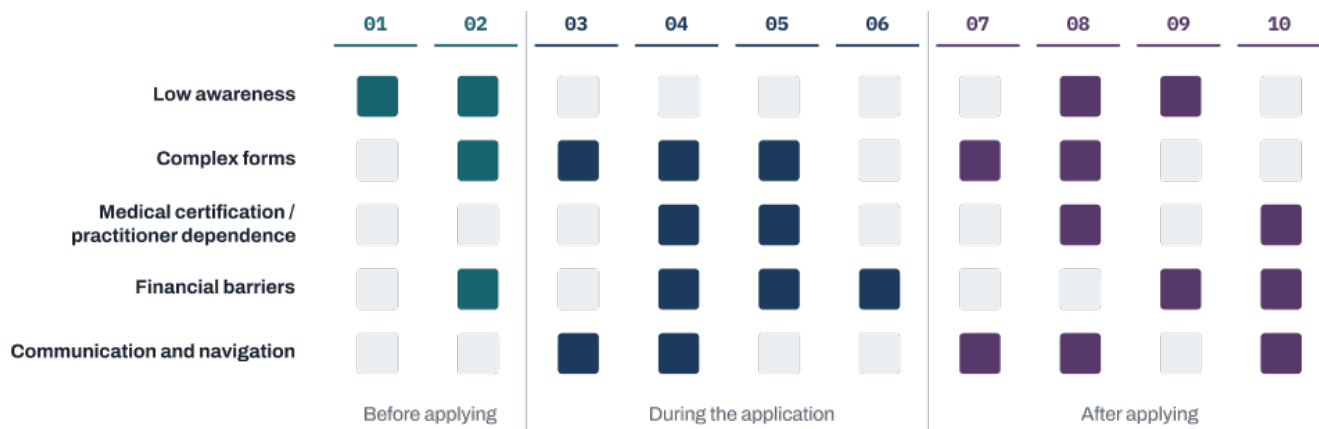
## 05 Communication and Navigation

5 OF 10 STEPS

This burden appears whenever applicants need help understanding the process, contacting the CRA, confirming application status, responding to requests, appeals, renewing and accessing other benefits.

- March of Dimes Canada with Prosper Canada: A Benefit without Barriers, 2023
- CRA Disability Advisory Committee 2024 Fifth Annual Report (2025)
- Inclusion Canada / applicant personal story, 2026
- Accessibility Standards Canada: Exploring the Use of Navigators to Advance Access to Federal Programs and Services for People with Disabilities, 2026

FIGURE 5 • WHERE EACH CROSS-CUTTING BURDEN APPEARS



A square marks each step at which the burden appears. Steps 4, 5 and 8 are touched by four of the five.

# Step-by-Step Breakdown

STAGE ONE OF THREE

## Before applying

Steps 1–2 · Awareness and the decision to apply

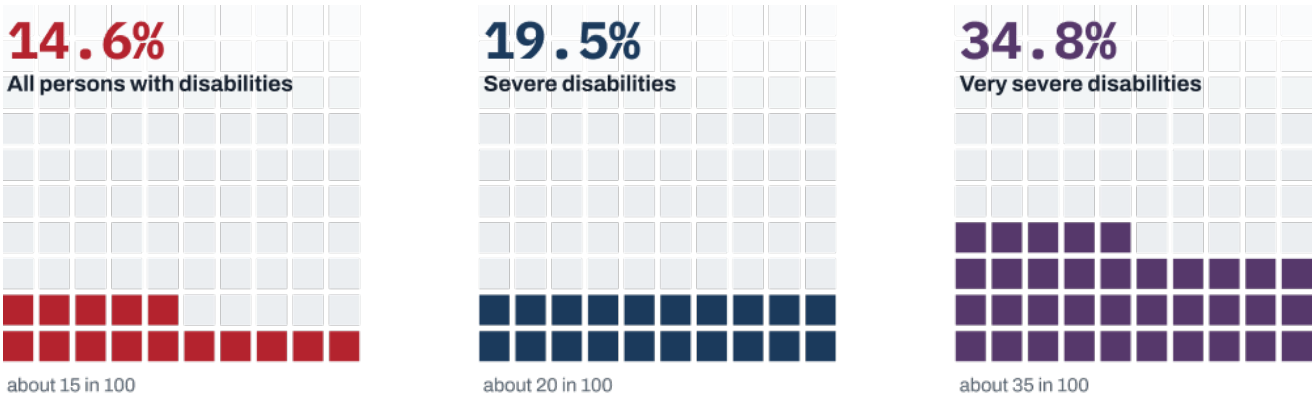


### Step 1: Awareness

At the awareness stage, potential applicants first need to learn that the Disability Tax Credit exists, understand that it may apply to them, and know that it can connect them to other supports. It’s important to grasp how people hear about the DTC, whether that be through CRA, doctors, tax clinics, family members, organizations, and whether they understand what the DTC is for. The access chain identifies awareness as the first stage and asks how people learn about the DTC.

The evidence suggests that awareness is a major entry-point barrier. The Canadian Survey on Disability by Statistics Canada reports 8 million people aged 15 and older had at least one disability in 2022. Maytree notes that the DTC is the single access point for 17 federal disability programs, but only 14.6% of persons with disabilities claim the DTC; this rises to 19.5% among people classified in the survey as having severe disabilities and 34.8% among people classified as having very severe disabilities. It is important to note that these numbers do not prove that low awareness is the only reason for low uptake, but they support the finding that many people with disabilities are not entering or completing the DTC access chain.

FIGURE 6 · DTC CLAIM RATES BY STATISTICS CANADA DISABILITY-SEVERITY CLASSIFICATION



Each square is one person in 100. Statistics Canada, Canadian Survey on Disability 2022; Maytree 2026.

Several sources directly identify low awareness and unclear information as barriers. Inclusion Canada's DIAP evidence notes that some people may not access benefits because they are not connected to information, community support, tax-filing systems or government services. Similarly, the CRA Disability Advisory Committee describes a "critical gap" in information and awareness about the DTC for both applicants and practitioners, and recommends targeted outreach to Indigenous Peoples, youth, older adults, people experiencing housing insecurity, newcomers, visible minorities, and French-language speakers. In a survey of 31 respondents with MCS (Multiple Chemical Sensitivity) by ASEQ - EHAQ (Environmental Health Association of Canada), 22 respondents knew of the DTC. However, only 15 were aware of its gateway design to other programs. March of Dimes and Prosper Canada based on a workshop with 33 participants, 14 federal government representatives and an additional 8 focus groups with 70 more participants similarly found that awareness of government benefits is very low, especially among groups marginalized by existing systems, and that some people were unaware of benefits for years or only learned about them by chance. Momentum alongside other organizations in the "Alternative Pathways" report gives a concrete example: one participant only learned about the DTC from a friend after being on provincial disability support for 15 years and initially thought it was a scam.

#### WHERE TO LOOK?

**Participants were not aware of one single place for parents to learn about all available disability programs.**

PAN-CANADIAN CAREGIVER EXPERIENCES, FINLAY ET AL., 2023

One caregiver said families have to find programs individually and, even if they do not know what they are looking for, they could easily find a program that could help. Another participant described being overwhelmed after receiving information from a social worker and not knowing whether to apply for the DTC or autism funding first. In Quebec, participants said families often had to know which program to ask about before receiving information.

**“*Floating around in the dark*” without a roadmap.**

The Provincial and Territorial Report found that families struggle to find information after diagnosis and learn about programs through other parents or social media.

PARTICIPANT, PROVINCIAL AND TERRITORIAL REPORT, FINLAY ET AL., 2025

Finally, navigation evidence shows that lack of awareness can be worse for people without formal help. The Accessibility Standards Canada navigator report engaged 302 people across Canada, including people with intellectual disabilities, family members and navigation service providers. It found that most people navigated

provincial and federal programs on their own or relied on family members. A service provider said some people, especially people experiencing homelessness, do not know what exists, how to apply, or how to get medical papers filled out; many also do not have family doctors or doctors who complete forms.

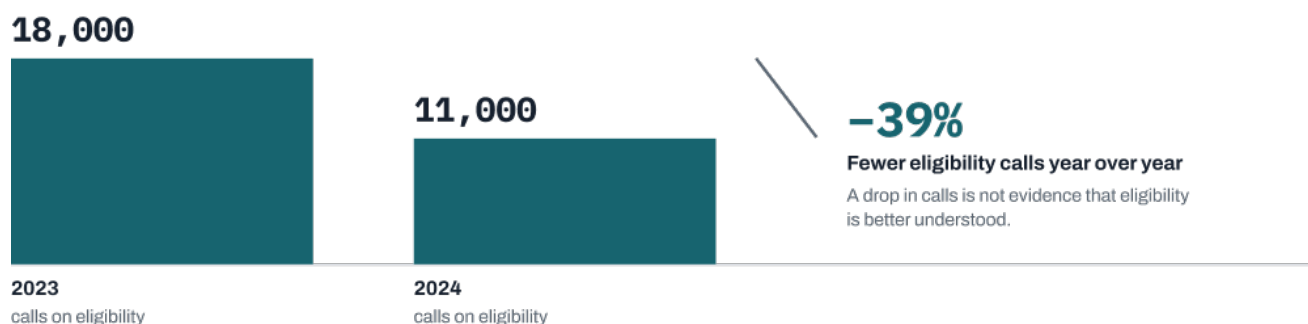
## Step 2: Decision to Apply

At this stage, a person who has heard about the DTC must decide whether to begin the application. This decision depends on whether they see themselves as eligible, whether they think the DTC is worth applying for, whether they understand that it can unlock other benefits, whether they have the time and support to complete the process, and whether they are willing to deal with government forms, medical proof, possible fees, delays, and uncertainty.

Eligibility understanding is an important part of deciding whether to apply or not. CRA's 2024 data reports 11,000 calls on eligibility issues which has declined from the 18,000 calls reported in 2023. Inclusion Canada's DIAP evidence notes that participants wanted eligibility to be broad and inclusive, based on the social model of disability rather than a narrow medical model. DIAP also notes that respondents identified isolation, unmet basic needs, stress, mental-health challenges, lack of financial independence, shame, embarrassment and dehumanization as experiences of poverty and exclusion among people with disabilities.

Maytree also identifies a definition barrier, noting that the DTC definition is restrictive and based on a statutory test of “severe and prolonged impairment,” which can make 17 linked programs unavailable to people even if they may already qualify for provincial or territorial disability supports. This shows that awareness is not just about knowing the DTC exists; people also need to recognize themselves as potentially eligible and understand how eligibility is assessed.

FIGURE 7 • CALLS TO CRA ABOUT DTC ELIGIBILITY



2024 CRA Disability Advisory Committee, 2025.

Several sources also show that people may not see the DTC as relevant because it is non-refundable or because they fear interactions with other programs. The Alternative Pathways report notes that lower-income applicants may think the DTC is not useful if they owe little or no tax but may not know about associated benefits like the Canada Disability Benefit and RDSP. The ASEQ - EHAQ survey respondents noted the most common reason for not applying was believing they would not qualify. The CSA Public Policy Centre also warns that using only the DTC as the CDB entry point may be too narrow and may exclude people already recognized by other disability programs. Prosper Canada's evidence also notes that some individuals may not identify as a person with a disability even if they meet criteria, especially because of misdiagnosis or no diagnosis, and that unclear benefit interactions can make people afraid to apply.

#### AT WHOM IS THE CREDIT AIMED?

**The DTC is not targeted to low-income people, and some people in poverty may think they do not qualify because they have little or no taxable income.**

SHERRI TORJMAN: DIGNITY BY DESIGN, CSA PUBLIC POLICY CENTRE, 2024

Another barrier is fear of benefit interactions. Prosper Canada's evidence notes that some people avoid applying because benefit interactions are unclear and they are afraid that one benefit could cause another to be taken away. March of Dimes Canada and Prosper Canada also found that participants described fear of applying, anxiety dealing with government offices, and distrust because they felt government staff scrutinized them rather than helped them.

The Association of Canadian Disability Benefit Professionals case studies describe the DTC process as "stressful, time-consuming, and intimidating." In one case, the family took almost three months to re-contact the benefit professional after the first discussion. Finally, Prosper Canada offers the example of Joseph, who struggled with CRA MyAccount access, medical documentation, long delays, and understanding the "language of the system" shows how applicants may delay or abandon the process or only succeed after gaining support. Joseph said the difference between his unsuccessful application in 2017 and successful attempt in 2019 was that he worked with an advocate and learned the "language of advocacy". The report notes that many applicants do not understand how to push back and may be unable to continue after one or more denials, particularly without advocacy or navigation support.

### **“ *The language of advocacy* ”**

Joseph was refused in 2017. He applied again in 2019, after working with an advocate, and was approved. What

changed was knowing how to make the case.

JOSEPH CASE STUDY · ROADBLOCKS AND RESILIENCE, PROSPER CANADA, 2021

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## STAGE TWO OF THREE

# During the application

Steps 3–6 · Starting, forms, medical proof and costs



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## Step 3: Starting the Application

At this stage, the applicant moves from deciding to apply to actually beginning the DTC application process. This includes whether to use the paper form, digital application, CRA My Account, a tax clinic, an organization with a navigator service, or a paid consultant. The main burdens at this stage are complexity at the start of the process, difficulty understanding what information to provide and the need for professional assistance. In the CRA’s 2026-2028 Accessibility Plan, 35 people who either self-identified as persons with disabilities or had an advocacy/support role participated in a virtual group discussion in June-July 2025. They reported difficulty understanding eligibility criteria, navigating lengthy and unclear forms, determining what documentation is required, and finding appropriate support.

Digital access is a key burden at the application-start stage. Inclusion Canada’s DIAP evidence says the application process needs to be available online, by phone and in person because not everyone can use the internet or complete a standard form. It also notes that unhoused people, formerly incarcerated people, or people without identification may face barriers completing benefit applications. Prosper Canada provides a concrete lived-experience example through Joseph’s case. Joseph wanted to access CRA My Account to do his taxes and submit his DTC application, but he was locked out. He was told to call, but wait times were extremely long during COVID/CERB. He did not send in the DTC forms because the account-access process was too difficult.

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**75%** of DTC applicants are assumed to require professional services -- a lawyer, a firm or a DTC promoter -- to submit a complete application.

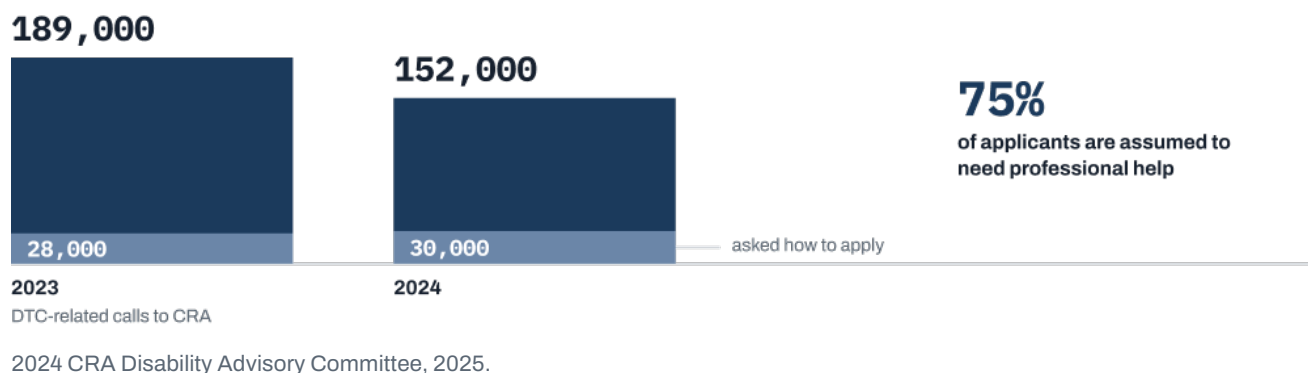
2024 CRA DISABILITY ADVISORY COMMITTEE, 2025

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There is also quantitative evidence showing that many people need help at this stage. CRA’s 2026 update in the “Help Speed up your Disability Tax Credit Application” post indicates that the application process is being adjusted to reduce delays by encouraging use of the online form. At the same time, CRA is restricting use of the “submit document” section for new DTC applications and will no longer accept pre-2023 versions of Form T2201

as of September 8, 2026. CRA Disability Advisory Committee estimates assume 75% of DTC applicants require professional services from a lawyer or other firm, including DTC promoters, to submit a complete application. The same notes report 189,000 DTC-related calls in 2023 and 152,000 in 2024, including 30,000 calls in 2024 simply about how to apply for the DTC.

FIGURE 8 • DTC-RELATED CALLS TO CRA



## Step 4: Forms and Documentation

At this stage, the applicant begins completing the DTC application and gathering the information needed to support the claim. The main burdens at this stage are long and complex forms, difficulty knowing what information to provide, difficulty using the “right” language or jargon, large documentation requirements and repeated paperwork across programs.

Participants from Inclusion Canada’s DIAP note that current government benefit applications are long, complex and require perseverance. Some people are afraid to apply because there are so many required details, and forms are described as too long, complex and difficult to complete without assistance. Several sources identify the start of the application as a point where applicants need support. March of Dimes and Prosper Canada found that paperwork is a major burden for people with disabilities because of barriers reading, seeing, understanding, or getting help with forms.

Participants also cited large documentation requirements and siloed information across EI sickness, CPP-D, DTC, provincial or territorial programs, and other systems. The need for one-on-one help also appears vividly at this stage. March of Dimes Canada and Prosper Canada found that one-on-one support from someone who understands the process can be “make-or-break,” but many people do not have that support.

### “Drowning” in the paperwork.

One caregiver kept four three-inch binders of paperwork for their child: copies of forms, files and records.

PAN-CANADIAN CAREGIVER EXPERIENCES, FINLAY ET AL., 2023

The Pan-Canadian caregiver study provides concrete lived-experience evidence of the volume of paperwork families may manage. The same study notes that approvals may depend on using the "right" language or jargon, and that rejection reasons are not always clear. The Provincial and Territorial Report also shows that families experience disability-benefit applications as paperwork-heavy. In Ontario, parents described applications as time-consuming and involving a large amount of paperwork that required help from program staff and medical professionals. CRA Disability Advisory Committee evidence also points to the complexity of Form T2201 language. The DAC recommends revising Form T2201 and DTC publications to remove references to the "90% of the time" rule and reduce emphasis on "all or substantially all," because this language creates confusion around eligibility.

#### A CONFUSING FORM?

"90% of the time"

"all or substantially all"

**The DAC recommends removing both, because the language creates confusion about who qualifies.**

2024 CRA Disability Advisory Committee, 2025

The CRA had taken steps in its 2023-2024 Accessibility Plan to digitize the DTC application in 2023 and now considers this action complete. However, the CRA's 2025 consultations reveal the persistence of DTC-related concerns suggesting that digitizing an administrative process does not necessarily make the process easier to access or navigate.

## Step 5: Medical Proof / Part B

At this stage, the applicant must obtain medical certification for the DTC application. This usually means having an approved medical practitioner complete Part B of Form T2201. The applicant may have completed the applicant section or started the digital application, but the application cannot move forward without medical certification. The main burdens at this stage are needing a medical practitioner in the first place, difficulty accessing a doctor or specialist, medical-form fees, practitioners not understanding DTC criteria, incomplete or delayed Part B submissions, applicants having to coach doctors, doctors avoiding forms because of time burden, and the administrative burden placed on physicians.

This stage is considered one of the most significant bottlenecks because it appears across applicant evidence, practitioner evidence, advocacy reports, government sources and case studies. The ASEQ - EHAQ survey reported the barrier of finding a medical practitioner that would be willing to understand and recognize MCS. The CRA Disability Advisory Committee evidence says only 17% of individuals who start the digital DTC

application complete and submit Part B, showing a major drop-off at the practitioner-certification stage. Inclusion Canada’s DIAP evidence also identifies medical practitioners as a barrier. Participants were concerned that the DTC certification process places medical practitioners in a gatekeeping role and argue that disability assessment should not rely only on medical doctors but should include broader ways of understanding disability. The same evidence notes that doctors may not understand certain disabilities, especially non-apparent, episodic, mental health, psychosocial disabilities as well as the ways disability is understood and experienced across different cultural contexts. The Department of Finance's Spring Economic Update 2026 responds by proposing to expand the list of medical practitioners who can certify eligibility for the DTC, including adding podiatrists and broadening the types of impairments that physiotherapists, speech-language pathologists, and occupational therapists can certify.

FIGURE 9 • WHERE THE CHAIN BREAKS: PART B COMPLETION



The Provincial and Territorial Report also shows that physician access and practitioner knowledge can affect application completion. In Quebec, participants said physicians were often unfamiliar with the application process. In New Brunswick, participants said physician shortages caused long waitlists to receive a diagnosis and help filling out forms. Disability Without Poverty with the Canadian Medical Association notes that 5.9 million Canadians are estimated to be without a family physician or nurse practitioner.

In terms of the physicians’ burden, the CMA identifies DTC forms as one of the most time-consuming forms for physicians, taking an average of 36.6 minutes per submission. More broadly, 59% of physicians said government forms are a source of unnecessary administrative work, and the report estimates that physicians spend nearly 20 million hours per year on unnecessary paperwork and administrative tasks. The CMA 2026 pre-budget submission adds another strong quantitative point: according to the 2026 National Survey on Administrative Burdens, taken by over 2,000 physicians, 85% of physician respondents rated the DTC form as a major or moderate burden.

FIGURE 10 • THE ADMINISTRATIVE BURDEN ON PHYSICIANS

**36.6**

minutes per DTC form submission, on average

**85%**

of physicians rate the form a major or moderate burden

**59%**

say government forms are a source of unnecessary administrative work

**20M**

hours a year on unnecessary paperwork

Case-study evidence from the Association of Canadian Disability Benefit Professionals also illustrates how Part B can create delays or errors. In one case, the doctor returned an application that was unsigned, and then pages were missing, requiring repeated follow-up with the doctor's office.

In outlining its next steps, the CRA's 2026-2028 Accessibility Plan says CRA will increase healthcare providers' understanding of the DTC form and eligibility assessment, improve accessibility and plain language across online services, and use client feedback to guide further improvements.

There have been previous records of CRA hosting webinars for medical practitioners. In its 2023 progress reports, one community organization had worked with CRA outreach officers to educate its members using tailored webinars, and the organization then reported fewer application rejections amongst its members; CRA noted that better awareness may have contributed to better outcomes. Then, on May 29, 2024, CRA held an interactive DTC webinar for applicants and medical practitioners covering how to apply, how to use the digital application, and available tools and services. The most recent Accessibility Plan action puts a new emphasis on training information sessions delivered through healthcare providers' organizations and associations beginning in Spring 2026.

## Step 6: Costs and Access to Diagnosis

At this stage, the applicant may need to pay for medical forms, obtain a diagnosis, secure an assessment, gather medical records, or access a doctor, nurse practitioner, psychologist, psychiatrist, specialist, or other qualified professional. This stage overlaps with medical certification, but the focus is on the cost and access conditions that determine whether medical proof is available in the first place.

Cost is a major barrier. Prosper Canada notes that many patients cannot afford medical-form fees, leaving applicants stuck. Similarly, the report from March of Dimes and Prosper Canada noted that many people cannot afford disability assessment fees and that DTC applicants may turn to private companies that facilitate applications and charge fees based on credits received. ASEQ - EHAQ's survey respondents reported paying fees of up to \$160. Inclusion Canada's DIAP evidence raises this cost issue directly. It notes that people living in

poverty may be asked to pay hundreds of dollars for medical paperwork or diagnosis. Another point is from Inclusion Canada's report *Measuring Poverty for People with Disabilities in Canada* which mentions people paying fees of up to \$300 to obtain DTC certification from a medical professional, while also noting that people with disabilities face additional costs that are not captured in standard poverty measures.

FIGURE 11 • THE COST OF ACCESS

**The cost of proving eligibility ranges from about \$43 to \$5,500.**



Canada Gazette 2025; CRA Disability Advisory Committee 2025; Inclusion Canada 2024; Momentum et al. 2026.

The Alternative Pathways evidence provides a concrete cost example. One participant said a private psychologist charged \$250 per hour, and that a proper assessment would cost about \$5,500, so they remained undiagnosed. Another example described Lina, who was receiving provincial disability assistance and facing housing and utility instability, being charged \$450 for CPP-D paperwork and \$350 for DTC paperwork, creating a major barrier to accessing federal disability benefits.

**\$800** in paperwork fees -- \$450 for CPP-D and \$350 for the DTC -- charged to someone already receiving provincial disability assistance and facing housing and utility instability.

LINA • ESTABLISHING ALTERNATIVE PATHWAYS, MOMENTUM ET AL., 2026

Inclusion Canada's CDB survey had over 1,200 respondents; 68% reported experiencing poverty and 79% said it was important that the CDB recognize the extra cost of disability.

The CRA/DAC-related evidence also identifies upfront cost as a barrier. The report estimated an average \$125 medical fee, but frontline organizations say fees are often higher, especially for complex cases. The Canada Gazette regulatory impact assessment also values the time for completing the form, travelling to appointments and gathering documents at \$43.28 per application.

#### CAN I AFFORD IT?

**A \$150 payment exists to help with the cost of obtaining the DTC, but only for**

## Canada Disability Benefit recipients who already hold an approved DTC certificate.

ABOUT THE CANADA DISABILITY BENEFIT PROGRAM · ESDC, 2026

Access to diagnosis is also a major barrier. Prosper Canada's Joseph example shows that medical diagnosis can become a race against a deadline. Joseph had 90 days to meet several disability-assistance requirements. His biggest challenge was getting a mental-health diagnosis: he had been trying for years to get screening and diagnosis, made a few dozen phone calls looking for a doctor who could see him within three months, and was repeatedly told wait times would be longer than 90 days. He only found a psychiatrist because a friend connected him to his father, who was a psychiatrist in another city.

### STAGE THREE OF THREE

## After applying

Steps 7–10 · Review, decision, tax filing and renewal



### Step 7: CRA Review / Decision

At this stage, CRA reviews the DTC application and decides whether the applicant qualifies. The applicant may be waiting for a decision, checking the status of the application, responding to requests for more information, trying to confirm whether documents were received, or trying to understand how CRA is interpreting the eligibility criteria. The main burdens at this stage are status uncertainty, long or unclear processing timelines, requests for more information, unclear reasoning or eligibility criteria, inconsistent CRA communication, document-intake problems, and difficulty understanding whether the application was approved, denied, delayed or incomplete.

The CRA DAC quantitative data noted that of the total calls to the CRA that were DTC related in 2023, 59,000 calls were about application status. The CRA DAC evidence also raises concerns about unclear criteria and decision transparency. Further, Inclusion Canada's DIAP evidence also supports this finding. Participants said government staff need better training, compassion and consistency, and reported getting different answers depending on who they spoke to.

Prosper Canada's Joseph example provides lived-experience evidence of status uncertainty and delay, although it is from a broader disability-benefit process rather than only the DTC. Joseph applied online with an advocate and was told to expect a call within a few weeks. After one month, then two months, he still had not heard back. He called and was told someone would return his call, but no one did.

## “ *Still marked as processing*” two years later.

Joseph was told to expect a call within weeks. After two months of silence, with his mental health deteriorating and his job and housing lost, he gave up on the process.

JOSEPH CASE STUDY · ROADBLOCKS AND RESILIENCE, PROSPER CANADA, 2021

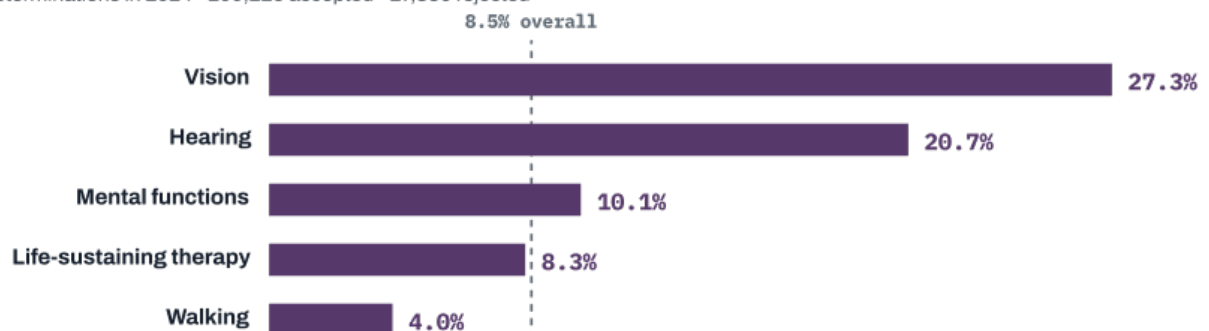
A personal story reported by Inclusion Canada is especially relevant to CRA review and decision. In that case, CRA requested additional medical information to review the approval duration for two children. The same nurse practitioner who certified the original approved applications provided supplementary documents, but CRA later gave inconsistent explanations about whether the practitioner was acceptable. Documents were uploaded, sent by registered mail and confirmed delivered to CRA, but were repeatedly reported as “not received.” The same personal story also shows how confusing the decision stage can be. The mother received contradictory responses from CRA: documents were described as not received, visible, rejected, and then not received again. Her own application was denied, but the online status still showed “Received,” and she was not provided the determination letter. Without the denial letter, she could not understand the reasons for denial or decide whether to request a review or object.

CRA statistics for 2024 also show how decisions differ by the restriction claimed.

FIGURE 12 · REJECTION RATES BY RESTRICTION, 2024

### Rejection rates vary sharply by the restriction claimed.

327,100 determinations in 2024 · 299,220 accepted · 27,880 rejected



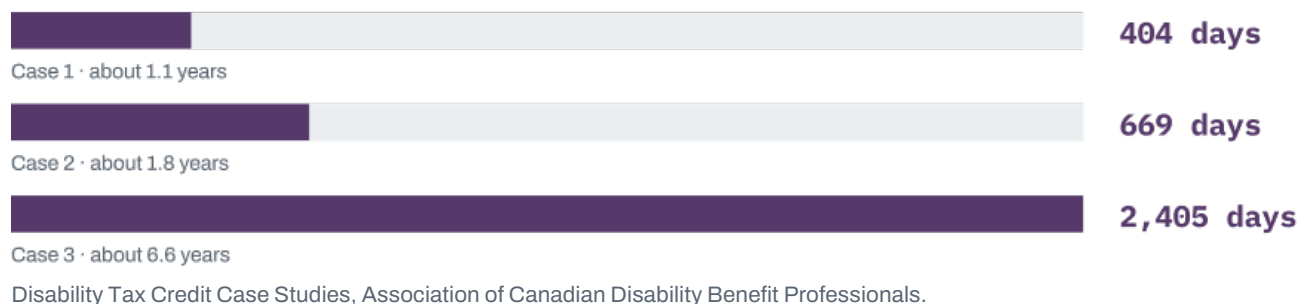
Disability Tax Credit Statistics 2015–2024, Canada Revenue Agency, 2026.

The Association of Canadian Disability Benefit Professionals case studies also provide lived-experience evidence of denial and later approval. The cases describe all three applicants experiencing rejection or denial before eventual approval or continued support, showing that denial does not necessarily mean the applicant is

ineligible, but it creates another process burden. The cases also involve appeals, objections, refiling, letters to CRA or letters to MPs.

FIGURE 13 • HOW LONG THREE CASES TOOK

### Three cases, from application to resolution.



The Alternative Pathways evidence also gives a lived-experience example of repeated rejection followed by later approval. Rose had been receiving Alberta's Assured Income for the Severely Handicapped (AISH) for over 20 years, but after applying for the DTC multiple times over 10 years and being rejected, she was only approved in 2019 with help from a social worker and psychiatrist. After approval, she opened an RDSP and accumulated significant savings, including government grants and bonds.

## Step 8: After Approval / Denial

At this stage, the applicant receives or should receive CRA's decision on the DTC application. The decision may approve the applicant, deny the applicant, approve them for a limited period, or recognize some restrictions but not others. The evidence also suggests that approval and denial are not always simple end points. Approval may still require tax filing, claiming the disability amount, transferring the credit, or applying for linked benefits. Denial may lead to review, objection, appeal, reapplication, or abandonment. In some cases, a person may be approved for one restriction but not another, which means the decision is more complex than a binary approved/denied outcome. This is noted in CRA Statistics as an important caveat; CRA's BADL (Basic Activities of Daily Living)-level determination tables should be interpreted carefully because a person with multiple claimed restrictions may have one restriction accepted while another is rejected; in those cases, accepted restrictions may be counted while rejected restrictions may not be fully reflected as rejections in the BADL-level table.

**64%** of DTC certificate holders claimed the credit in 2022. Approval does not mean the credit is claimed and barriers remain after the decision.

2024 CRA DISABILITY ADVISORY COMMITTEE, 2025

Calls about how to claim the DTC rose from 22,000 in 2023 to 23,000 in 2024.

March of Dimes Canada and Prosper Canada identify what can happen after denial. Participants said applicants may be initially denied and later approved on appeal, often with help from legal clinics or community organizations. The same source notes that the burden does not end after approval because some benefits require periodic requalification or reviews requiring documentation and third-party assessments.

From Inclusion Canada's personal story example, the applicant provides striking lived-experience evidence about the consequences of unclear denial. In that case, the mother's application was denied, but the online status still showed "Received," and she was not provided with the determination letter. Without the denial letter, she could not understand the reasons for denial or decide whether to request a review or object.

## Step 9: Tax Filing / Tax Reduction

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At this stage, a person who has DTC approval must still interact with the tax system to claim the disability amount or benefit from the credit. Approval for the DTC certificate does not automatically mean the person receives a direct tax reduction or access to other connected income supports. A person must file their taxes in order to receive the certification, but at least 10 per cent of working-age adults do not file taxes, most of them low-income.

CRA 2024 statistics provide stronger quantitative detail. The report identifies 1,733,170 individuals with an accepted DTC certificate in 2024, compared with 1,074,610 DTC claimants benefitting through a tax reduction. This means about 62.0% of certificate holders benefitted through a tax reduction. The same table shows a low-income gap: only 1,850 claimants benefitting through tax reduction had income under \$15,000, 122,860 had income under \$30,000, and 491,960 had income under \$50,000. This is important because it supports the finding that approval alone does not guarantee a direct tax benefit, especially for people with low taxable income. This finding is reinforced by the Canadian Tax Observatory's Broken Links report, which notes that the DTC has very little direct value for people in poverty.

**FIGURE 14 • WHAT THE CREDIT IS WORTH, BY INCOME**

DTC-eligible families below the low-income threshold



**\$29**  
per year

DTC-eligible families at three times the threshold



**\$1,006**  
per year

**35x** more value to the higher-income family

The DTC is non-refundable, so it is worth little to those who owe little tax.

Broken Links, Gillian Petit, The Canadian Tax Observatory, 2026.

## Step 10: Certification Duration

At this stage, the applicant has been approved for the DTC, but the approval may be either indeterminate or temporary. If the certificate is temporary, the person may have to reapply or renew when the certification expires.

The main burdens at this stage are temporary approval, uncertainty about why some people receive temporary versus indeterminate certification, renewal or reapplication requirements, repeated proof of disability, the need to return to medical practitioners and possible new medical-form costs.

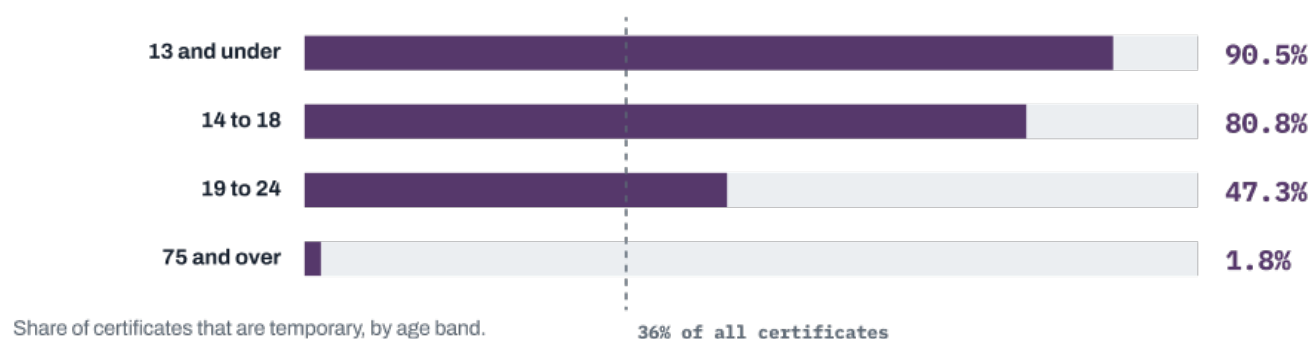
The EHAQ survey notes that several respondents who received permanent approval obtained the decision based on other medical conditions or cumulative impairment rather than MSC. Maytree's report suggests that about one-third of DTC certificates in 2022 were temporary, and 90% of children aged 13 and under received temporary certificates.

CRA statistics for 2024 show how often certificates expire, and for whom.

FIGURE 15 • TEMPORARY CERTIFICATION BY AGE, 2024

### The younger the applicant, the more likely the certificate expires.

1,733,170 certificate holders in 2024 · 1,108,200 indeterminate · 624,970 temporary (36%)



Disability Tax Credit Statistics 2015–2024, Canada Revenue Agency, 2026.

More specifically, for people applying under the DTC's mental functions criteria, there were 373,020 indeterminate certificates and 376,100 temporary certificates. For cumulative restrictions, there were 62,440 indeterminate and 66,220 temporary certificates. The CSA Public Policy Centre similarly states that DTC applicants with temporary status must reapply and that temporary status is assigned more frequently to people with disability related to mental functions.

The Canada Gazette regulatory impact statement assumes that based on cost-benefit analysis, 37% of newly issued temporary DTC certificates for working-age Canadians are temporary and that the renewals occur every four years on average. In the same report, ESDC estimates 110,000 new DTC applications in 2025-2026 from working-age individuals.

The Pan-Canadian caregiver study provides lived-experience evidence about requalification. One participant said requalification every three years was harder than the first application because it often required seeing a specialist who no longer considered them a patient. CRA reports 10,000 calls on requesting a reassessment and 15,000 calls about the status of reassessments in 2024.

## “ *Permanent conditions, temporary certificates.* ”

The DTC expired for a child with autism and for a person who is blind. One caregiver said requalifying every three years was harder than the first application, because it meant seeing a specialist who no longer considered them a patient.

ALLIANCE FOR EQUALITY OF BLIND CANADIANS, 2026 · PAN-CANADIAN CAREGIVER EXPERIENCES, FINLAY ET AL., 2023

### SECTION 05

## Data Gaps

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The evidence collected for this report identifies recurring administrative burdens across the DTC access chain. The chain identifies 10 steps and there are five areas at which burdens are cross-cutting. However, based on the limited information available through online databases, several data gaps remain. These gaps matter because they limit the ability to measure exactly where applicants are unable to continue in the process, which groups are most affected, and which recommendations would have the greatest impact.

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### 01 Stage-by-stage drop-off data

This is the most important overall gap because the access chain identifies many possible points where people may fall out, but the current evidence does not consistently quantify the drop-off at each stage. Without stage-by-stage completion data, it is difficult to know which burdens affect the largest number of people. This data would help distinguish between barriers that are frequently reported in qualitative sources and barriers that are responsible for the greatest measurable loss of applicants. It would also make the access chain more credible because it would show not only where burdens exist, but where people actually stop, delay, or abandon the process.

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### 02 Reasons for Part B non-completion

Part B appears to be the most striking measurable bottleneck in the evidence gathered, but the current available data does not fully explain why people do not complete it. The CRA's DAC report notes that only 17% of individuals who start the digital DTC application complete and submit Part B, showing a major drop-off at the practitioner stage. However, this number does not reveal whether non-completion is caused by lack of access to a doctor, practitioner fees, doctors refusing or avoiding forms, applicants not understanding next steps, incomplete practitioner submissions, digital access issues, or

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applicants being unable to continue. Identifying the reasons behind Part B non-completion would help design solutions accordingly.

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### **03 Reasons certificate holders do not claim or benefit from the credit**

This gap matters because the access chain does not end at the approval. CRA data shows that in 2024 there were 1,733,170 individuals with accepted DTC certificates, but only 1,074,610 claimants benefitting through a tax reduction, meaning 62.0% of certificate holders benefitted through tax reduction. This is a major post-approval gap, but the current evidence does not explain what is happening to the remaining certificate holders. Without this data, it is hard to assess whether the problem is tax filing, low income/non-refundability, lack of post-approval guidance, or the structure of the credit itself.

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### **04 Outcomes after denial**

This gap matters because denial is not always the end of the process but the current evidence in this document is mostly anecdotal. This includes case study evidence where applicants are denied and later approved, and where people rely on appeals and refile to CRA. It also includes Rose's case, where she applied multiple times over 10 years before being approved and later accessed the RDSP. However, the report does not yet have systematic data showing what denied applicants do next. To make this section of analysis more robust, the report needs data on the percentage of denied applicants who request a review, object, appeal, reapply, seek help, abandon the process, or are later approved.

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### **05 Renewal outcomes for temporary certificates**

This gap matters because temporary certification can turn DTC approval into a recurring burden. In 2024, there were 1,108,200 indeterminate certificates and 624,970 temporary certificates. Temporary certification was especially high among children and youth, including 90.5% for ages 13 and under and 80.8% for ages 14 and 18. However, the data does not show what happens when these temporary certificates expire. This is a major missing piece because renewal may require new forms, new medical proof, new costs, and new CRA review.

## A Human-Centred Path Forward

Strategic advice from DFFRNT on where the access chain leads next.

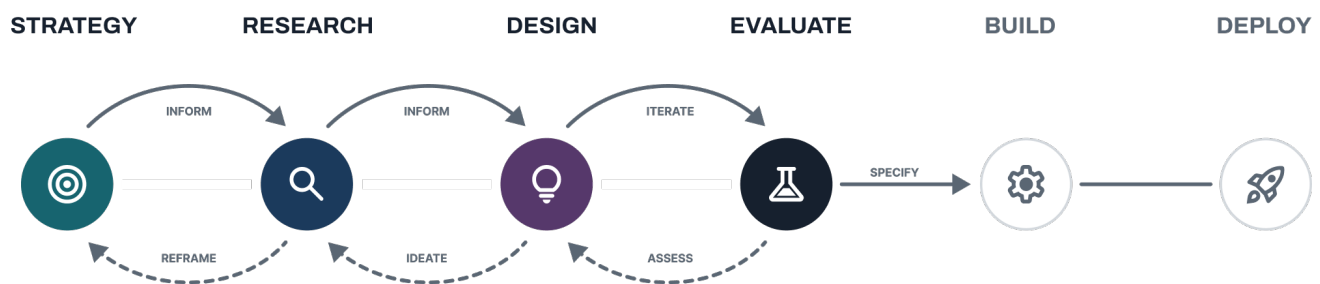
DFFRNT (a human-centred strategy, research, and design consultancy) was engaged by The Canadian Tax Observatory to review the secondary research assembled in the access chain and to provide strategic advice on how the Disability Tax Credit application process can better deliver on its mandate. This chapter sets out that advice: what the secondary research establishes, where it stops, and the design-led work that would close the gap.

The access chain is a genuine achievement. It takes a scattered body of evidence (government statistics, advocacy submissions, practitioner surveys, case studies, and lived-experience accounts) and gives it a spine: ten steps across the before, during, and after of a Disability Tax Credit application. Its most important conclusion is easy to pass over, because it is stated so plainly. The burden of obtaining the DTC is cumulative. A person does not encounter a single obstacle and either overcome it or be prevented from continuing. They encounter a sequence, and each step spends a little more of the time, money, and resolve they arrived with. By the time the hardest steps arrive, many applicants have simply run out of the resources needed to continue.

The chain gives us a map of where burden occurs. What it cannot yet give us is an account of how that burden is experienced: how it builds, where it becomes insurmountable, and for whom. Human-centred research and design focus specifically on these issues, and this is the work that remains.

Following a human-centred design approach, such as the one depicted below, in-depth qualitative and quantitative behavioural research is leveraged to understand user requirements from the start. This research would provide understanding of user challenges, needs, and context of use, which establishes a foundation for service design. Designs are prototyped, tested with users and iterated upon to ensure the final service design is effective, efficient, and satisfying.

FIGURE 16 • THE WORK THAT FOLLOWS



[www.dffrnt.ca](http://www.dffrnt.ca)

Reading the access chain as a human journey rather than a list, it raises two questions it cannot answer on its own.

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**01** We do not know how many people fall out at each step. Without that flow (how many enter, how many continue through each stage) every barrier appears equally important, and none can be prioritized. A single figure at a single step is worth more to a service designer than a comprehensive inventory of every barrier in the system, because it tells you where to look first.

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**02** The same chain is not the same journey for every applicant. The evidence already suggests that people with psychosocial or episodic disabilities, and people with the lowest incomes face the biggest stumbling blocks, but where each group actually exits the process is unmapped. A remedy aimed at the wrong exit point helps no one, however well designed. This question is not academic for the Observatory's priority audience: low-income people with disabilities, for whom the programs behind the DTC gate matter most. It determines whether reform reaches the people it is meant to serve.

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These are design questions. By examining the ten steps as one continuous experience and mapping the practical and emotional cost as it builds, we could identify the few points where an intervention would change the most outcomes. The access chain makes this exercise possible for the first time. It is the natural and necessary next step.

As the burden is cumulative, the report suggests the medical-certification stage is where it concentrates. Every category of source in the report points to it, and the single hardest number in the entire document sits here: of the people who begin a digital application, only about 17 per cent complete and submit the practitioner's portion. More than four in five digital journeys end at the medical practitioner's door. Whatever else is true of the process, this is the point at which the access chain most noticeably breaks down, and it deserves to be treated as the priority.

It would be easy to read this as ordinary paperwork friction: a long form and a busy physician. The evidence suggests something more structural. This is the only step in the entire chain that requires certification from an authorized third party. Completion is dependent on the participation of the medical practitioner who has their own constraints, incentives, and discomforts, and who may be difficult to reach, expensive to engage, or unwilling to certify. That dependency makes the medical report unique: it is the one place where an applicant has no control over whether the required third-party certification is accessible, affordable or completed.

Beneath the 17 per cent sit at least four distinct forces, tangled together. There is a question of access: millions of Canadians have no family physician and a walk-in doctor is poorly placed to attest to a long-term condition. There is a question of cost: form fees and assessments that must be paid up front, before any benefit is realized, by people who have little to spare. There is the burden on the practitioner: the uncompensated time the form demands, and the striking finding that most physicians regard it as unnecessary. And there is a question of knowledge and judgement: clinicians unfamiliar with the criteria, uneasy in the gatekeeping role, or inclined to misjudge conditions that are non-apparent or episodic.

The 17 per cent finding cannot tell these apart. A person who never found a doctor, a person who found one but could not pay, and a person whose doctor declined or completed the form incorrectly all appear in the data as the same thing: an unfinished application. Yet each needs a different remedy. Understanding the mix --how much of the loss each force accounts for, and for which applicants -- is, in our view, among the most important stages in need of serious attention.

To understand and fix this link in the access chain, we need structured qualitative research: short, focused interviews aimed squarely at the application experience. Numbers can tell us that a broken link in the access chain exists; only people's own accounts can tell us why it happens and what would have carried them through. In terms of methodology, two requirements shape how such research must be conducted, and both follow from the nature of the people involved rather than from any methodological preference.

**The first** is that it must be ethically brokered. The research should prioritize people who face the greatest barriers within the tax and benefit system. They are reached through the trusted disability-led and community organizations with which they already have relationships.

Future research should be disability-led and co-designed with people with disabilities, including people with intellectual, psychosocial, episodic and non-apparent disabilities and people with disabilities living on low incomes. People with disabilities should participate in establishing the research questions, designing accessible methods, interpreting the findings and developing recommendations.

**The second** requirement is consistency. The evidence assembled in this report is powerful but methodologically uneven, drawn from different surveys asking different populations different questions. A common interview protocol, applied consistently within each audience, is what allows findings to be compared, weighted, and trusted rather than merely added to the pile.

The two central questions -- why applicants do not complete the process and what practitioners do -- share this approach but reach different people through different channels, and they need not be pursued at the same time. We would sequence them according to the Observatory's observed sense of urgency.

For the applicant question, anchoring on the priority population of low-income Canadians with disabilities would let us do something the access chain cannot do on its own: attach real, qualitative stories to each stage, and offer an initial prioritization of the barriers and points of exclusion that have the greatest impact on this group. In our experience, it is precisely this kind of grounded, person-centred account that sharpens an organization's ability to identify key elements in the access chain, to communicate the urgency of a situation, and to focus investment to change it.

Potential solutions: Across the access chain a variety of potential actions, fixes and solutions can have a positive impact on the application process and the user experience. Many of the areas of concern have established design best practices or heuristics that should be considered.

Solutions could focus on awareness and navigation, helping people discover the DTC and recognize themselves as potentially eligible. The evidence points to a critical awareness gap, -- no single place for families to learn what exists, information siloed across programs, and applicants avoiding the application out of confusion or fear of benefit interactions. Design exploration here could define targeted outreach programs, awareness campaigns, and reviewing documentation to ensure plain language is used throughout the materials.

Similarly, the T2201 application should receive a similar review and refresh. Jargon-free plain language and limiting the intake information to essential decision-making questions only will improve the submission rates. Providing multi-channel support and status information to applicants and their support providers will also have a positive impact.

The practitioner question warrants similar deep investigation. As mentioned, the list of potential reasons for applicants who do not continue at this stage are numerous. Identifying the root causes will provide designers and policy makers with direction and priority. The range of potential solutions is broad, from expanding who can certify, subsidizing fees, redesigning the form and compensating practitioners, or providing them with tools, support documentation and training. This is where two-sided qualitative research (with applicants and practitioners) would most sharpen where eventual investment should go.

Design solutions could also target the post-application experience where unclear determination letters and status uncertainty create confusion. Best practices for decision transparency, status notification, information seeking and support alternatives can be provided.

Importantly, these are potential solution directions to investigate, not conclusions. The access chain has established where burden occurs rather than which interventions would relieve it most. Deeper, primary research is needed to isolate the most effective and impactful solutions before committing to any of them.

Handled this way, the next step is a systematic, evidence-linked account of how the chain breaks, how much each break matters, and what could fix it, all grounded in the words of the people whom the current system excludes. In other words, research that extends this document to clearly and comprehensively describe a problem and identify tangible remedies that a government can act on.

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**The access chain told us where to look. Future work should tell us what we are looking at, and what to do about it.**

# References

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## Consultations

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Meetings were held with the Canada Revenue Agency, Employment and Social Development Canada, the Department of Finance, Service Canada, disability advocates, organizations representing specific disabilities, the National Disability Network and the Canadian Medical Association. [ASEQ – EHAQ \(L'Association pour la santé environnementale du Québec / Environmental Health Association of Quebec\)](#) was also part of consultations and put together a survey for patients with MCS that is not yet released. These informed the research and are not works cited.