



EP.100 Maximizing Disability Tax Credit: Key Insights for Canadians

Lawrence: Welcome to the Empowered Investor Podcast. I'm your host, Lawrence Greenberg, and on today's show, I speak with Christine Brunsden. She's a co-founder and CEO of Benefits2. In this episode, we discuss the disability tax credit and how it helps Canadians with disabilities and their families. We also discuss the eligibility of the tax credit and how to best apply for it. And with that, here's my interview with Christine. Okay, Christine, thanks for being on the show today.

Christine: Thanks for having me here, Lawrence.

Lawrence: Well, this is really for our audience, a wonderful topic, the disability tax credit and how it can help Canadians qualify and use this credit that exists to help their family and their finances.

Christine: Absolutely I think it's one of the probably most underutilized tools in an advisor's toolbox that they don't necessarily even know how to use or how to question people about whether it would be something that would be a benefit to them. It's not just them, but it's them and all the people in their network, their spouse and their children and their aging parents.

So, once you touch somebody with this, you really realize quite quickly that once they understand, they can pick out people in their network Their immediate network that would qualify for the credit and then pursue the options and getting the application set up. then also the application uploaded to CRA, and the adjudication process begun.

Lawrence: That's very important. That's a bit of a misnomer is that you look at this through the lens of is someone disabled, yes or no, which has a stigma to it and people may not see themselves as disabled. But for an aging parent, for example, or for a child, this could be a benefit to them, but also to the caregivers around them if you're supporting them and there's a relationship there.

So, the idea here is to help walk these listeners through what this credit is. How it could help people, the challenges applying for it with the CRA. It sounds straightforward. It's the tax credit. Your account will tick some boxes. That's not the case at all.

Christine: No, it's not how do you even find out about the credit? I don't know anybody that's knocking on CRA's doorstep and saying, hey, all these credits and benefits that you have for us as Canadians, can you tell me about all of them? Do I qualify for any of them? What are the qualification criteria? And I think one of the major sticking points around the disability tax credit application is that I think we mistakenly think or believe physicians are the one who are going to talk to us about this because they're the ones guiding us in our health care journey, but that's not the case.

My research shows me that only 6% of the time when the credit is brought up to somebody that it's the individual's physician that is bringing it up, I think the other piece that's really hard here is that the credit



is named the disability tax credit. There's this thought out there that you have to be in a wheelchair because the minute you mentioned word disability, people think wheelchair or blindness, the physical disabilities that we all can see, but what they don't recognize is that there's a whole other bunch of limitations, let's call them, that would also qualify someone.

But they're not visible to the naked eye so those disabilities or limitations tend to not get airtime or people don't think of them as a disability, therefore they are overlooked as far as the credit is considered.

Lawrence: That's right, you tend to hinge on what is obvious to the eye, but you don't know what's going on behind closed doors and what impairments, which is truly a better word this person may have. So, let's take a step back and define what this tax credit is. It's a non-refundable tax credit. If you pay taxes, this can reduce that amount. If you don't pay taxes, for example, if you're younger. Or if you can't work, you could transfer these credits to a caregiver, correct?

Christine: So, number one, yes, you can claim this yourself.

By virtue of that, everybody thinks that, oh, you must not be able to work when you have this credit. But that would be counterintuitive, would it not? Because if you're getting a credit and you're only getting a benefit if you're paying income tax, that means that you must be earning income somewhere. I think there's that, and then the other piece, yes.

While the transferring the credit to a qualifying family member you can do if somebody's providing you with food, shelter, or clothing on a consistent basis then yes that credit can be transferred to that individual and that individual may also qualify to claim the Canada caregiver credit.

I always say to everybody this credit is like Pandora's box and once you get the access to the disability tax credit it would then open up your ability to claim other benefits, supplements, credits, and get other benefits Too numerous to even name here, but there are quite a number of benefits that would be open to you once you have the disability tax credit..

Lawrence: Yes, so that's very important is once you qualify, assuming there's no change in your circumstances, you have that for the long term and opportunity However, you want to say it, this opens the door to other benefits and credits and grants and the RDSP, for example. these are all important concepts. And what's nice about this is they'll go back retroactively can you speak a little bit about that?

Christine: Absolutely the credit criteria are that you would qualify for the credit as long as you have a severe and prolonged impairment that exists generally 90% of the time. has lasted for at least a period of one year or is expected to last for at least a period of one year in its ability to, its impairments for you.



So, you have to have had that severe prolonged when we say severe prolonged, I think I should break that down because severe and prolonged doesn't really mean anything when I say that to people. Well, what is severe and prolonged? So, I think when we look at the criteria, it's important to note two things. Number one is put yourself against someone always compare yourself against someone else your age who has zero impairments. when we look at any of the criteria, such as walking and all the other seeing, talking, speaking, all of those things, we have to put ourselves against somebody else, our same age bracket, who has no impairments.

Then we have to say, okay, is it taking us three times longer to perform that activity of daily living than my counterpart who is the same age as me and has no impairments? So, the three times longer is often one of the criteria that we go by for a lot of the things. It's there for walking. It's there for speaking. It's there for Hearing as well. It's also there for dressing. It's there for preparing and eating meals a lot of the performing mental functions too. It's that it takes you three times longer to perform those activities. I think that's one of the criteria then again, that general 90% of the time, I think people get hung up on what does that really mean, but it could be a couple of different things.

Let's talk about walking the length of a football field, which is the closest representation I could give you to a hundred meters if you could do it once. But by the time you got to the end of the football field, you were so pain ridden, and you were exhausted, and you couldn't make it back again, if we're looking at 10 times.

If you could only do it once and you can't go back and walk it again, then that would be generally 90%.

Lawrence: Absolutely.

Christine: Or it could be 10 days or there could be other time periods we can look at It's not just 90% of every single day. There are other things that would come up to the 90%.

Lawrence: So that's very important is that there are several facets, different types of impairments that the CRA is looking for.

So now we're going into qualifying for the tax credit this is important. it's, it's wider than people may have previously believed really. The different criteria in terms of mobility, hearing, speaking, seeing, expelling,

Christine: eliminating.

Lawrence: Yes, Thank you. There's even one on sustaining.

Christine: life functions.

Lawrence: Yes, I'm alluding to, if you have type one diabetes, for example, correct? There's a high success rate with. Qualifying because you're on a medicine for long periods of time. That one is one that



caught me where I know people personally who have Type 1 Diabetes who are completely functional. They don't see themselves at all as disabled.

They have careers, they have families, they have lives, but they likely qualify and could really benefit from this tax credit.

Christine: Absolutely, and the Juvenile Diabetes Research Foundation, JDRF as we call them, they were great at advocating for those with type 1 diabetes so, what happens with that impairment is anybody who is a type 1 diabetic now gets an automatic approval from 2021 forward if you're claiming going backwards, because that's the other thing, right?

So, when you get the credit, you can go backwards up to a full 10 years if you've had an impairment and it's existed generally 90% of the time, then you can go back those full 10 years and. As long as CRA deems you eligible for those 10 years, then you can go back and adjust your taxes for those 10 years as well.

And the transfer of the credits exists going back that 10-year period as well if there were periods where you could transfer those credits and you weren't able to use them all yourself, then you would certainly have that ability. As long as the person was, again, providing food, shelter, or clothing on a consistent basis in that time period, they would be able to pick up and use your unused credits.

Lawrence: That's a very important point there. Let's talk a little bit about the process of qualifying and applying for the tax credit. It's the T 2201, which sounds straightforward enough. It's a federal form. You fill it out and you get to the CRA, and you wait for approval, but it's not that simple.

It's a tricky form. There's a lot of nuances to how it's completed. That's really the hurdle. Which I feel like sometimes the government is making it harder than it needs to be to really go get this credit.

Christine: I wouldn't say necessarily the government's making it harder, it's just that they do make changes.

There was a change back in, I believe it was 2021, because it was when we were developing for a five-page form, which it was at that time, and then they changed the form, and they released a new form that was 16 pages long. you've got to remember. Who are the people that are supposed to be filling these forms out?

And those are doctors. But ask a doctor how many hours of instruction they received in med school about the disability tax credit.

Lawrence: Probably zero.



Christine: And I'll tell you the answer is zero we're expecting a group of busy professionals who are already inundated with paperwork, but also just the sheer number of hours.

I speak to doctors all the time I'm constantly told that they're putting in a lot of extra hours. There's a lot of Canadians without a doctor. The last thing I heard was about 40% of the Canadian population is sitting without a family doctor. Those that are working are working full practices and they're trying to complete this paperwork which they don't know anything about and how many of them are going to go to the Government of Canada's website and actually read through to fully understand what the credit is, who it's designed for, what qualifies, what doesn't qualify and even when you do that.

There isn't anything that says, okay, Dr Smith, here's how we need you to write. These are the words that we're looking for. These are the phrases that we're looking for. Because you've got to remember the people who are adjudicating at CRA, they're tax people. They're not medical practitioners.

Lawrence: Absolutely.

Christine: And so medical practitioners write, usually in medical speak and tax people speak a different language. They speak tax language and tax code, and those two things don't necessarily match together and meet up so that CRA can look at the application form and confidently say, yes, this person qualifies. Everything ticks my boxes that I'm looking for and it's approved.

Lawrence: And that's very important in terms of writing this form for success is where the expertise on what the CRA is looking for and speaking their language. That's where your company comes in. You help walk people through this process to help qualify them and to help people fill out this form that is generally the hurdle.

Christine: Correct I think there's two things there. Number one, I also believe that there are a number of impairments. Where the doctor may struggle to write the form correctly because they're seeing you in a limited 12-minute patient visit. They're not necessarily seeing how your impairments are affecting you on a day-to-day basis.

And I mean, the whole reason why this company exists was because I struggled for so long with getting my daughter's credit, who is severe ADHD and there's some other mental functions disabilities there as well. But I asked her over and over again. Once I really figured out, yes, she qualifies for this, and I would ask her to talk to her doctor about it, and the doctor would say, well, you walked in here just fine, you're not disabled.

Lawrence: Yes, which is just terribly frustrating I could speak from experience where this came for someone in my close network. This person went to their specialist who understands their disease, quite well. The specialist brushed her off, said, you're not disabled, this isn't for you.

And she was quite distraught. Just like, I thought it would be good for me. Then went to her family doctor and it got the complete one 80 where she came in and said, Oh, I'm very familiar with this. I



could help you. You absolutely qualify. It was quite striking to me. You have two very different experiences with two doctors who know this person quite well, this patient.

Well, it speaks to a gap in education gap in resources and really it shouldn't fall on the doctor to be able to do these things. It's not fair to them as well.

Christine: Right, I think a lot of it is, there's no way, and I look at back at this now with all the knowledge that I have. I think, you know what, totally makes sense that he would say that she wasn't qualified. Because he had no idea of how her impairment was affecting her Because every time, she needed to make a phone call to problem solve, she wasn't calling her doctor, she was calling me. I was getting those five phones calls a day. In retrospect now, I think, well, maybe I should have redirected the five phone calls back to his office.

And then he may have understood what it is that she's dealing with, where she does struggle hard with making decisions, following plans and setting goals and all of those kinds of things. But he's not seeing that because she's there usually in a 12-minute visit and it's not to address her ADHD.

It's to address her other physical impairments and things like that but it was never about addressing the ADHD and how it affected her that was left on us at home. he would have had no way he or she should have been in several doctors, but they would have had no idea of how this impacted her.

Lawrence: So that's what I see as being a big hurdle and people should be more willing to ask questions to try to apply for these things if they believe there's a good chance to work with companies like Benefits2 to help walk them through this process, to help fill these forms out with a high level of Success.

So can you speak a little bit about, about Benefits2, how you guys work, what services you offer, what a potential, Client may expect.

Christine: Yes, absolutely benefits to, like I say, exists because I saw a gap and that wasn't being fulfilled other than through promoter companies. if you don't know what a promoter company is, they're a company that a lot of them don't like using that name, but it's a company that will help you with this process and in return, they will take a certain percentage of an individual's refund.

Lawrence: Okay, which could be sizable.

Christine: It could be, we're seeing everything from generally, I've seen as low as 15% and I've seen it go all the way to 40% of some of these refunds. if they're getting back thousands and thousands of dollars, that can quickly add up because there's other components to this as well.



Not just the disability tax credit itself, there's also a child disability benefit that can give you some access to Resources as well. Then there's a whole bunch of things we could talk about around that as well, because when you apply, there's two boxes you can tick. You can tick the box to have Revenue Canada adjust your returns, or you can tick a box to say, no, I don't want you to go ahead and adjust my returns for my previous years.

I'm going to go and I'm going to use my own person there's that and then going backwards. Let's say you decided that you wanted CRA, to adjust your returns for you. Well, they will do that. Then they will look at two years of the child disability benefit. But if you want to go back further than that, you're going to have to write a letter to them to pick up the remaining back credits for that.

Christine: So that's something that a lot of people don't know then we've got the whole qualification criteria. How do people really understand and what does benefits to really do? And I'll tell you that a lot of what we do is education and information, helping people understand what qualifies, what doesn't qualify, and basically telling people things like I just told you, these little nuanced things that people don't understand about it when they just go in and fill in the form and think, okay, but they don't have any of the background on the form and how things actually work.

So, we do a lot of that education piece. We've built out a prequalifying, little assessment that's offered for free for everybody just by going to our website. You can go and hit the little link that says begin free self-assessment. It's about 10 questions, two to three minutes max. It's going to walk you through the questions that you need to be asked to understand whether you may have an impairment.

That would qualify it walks through each of the qualification criteria areas, and I can give you a list of them if you like. Your listeners may want to know that as well. It'll go through seeing, it'll go through talking, and it's going to go through your hearing. It's going to ask you about your walking using the bathroom.

It'll ask you about eating and preparing meals. It's going to ask you about getting dressed. It's going to ask you about performing mental tasks. Under performing mental tasks, there's a whole list of things that are included in there. Things like attention, concentration, adaptive functioning, goal setting, memory, regulation of behavior and emotions, all these types of things that are going to be included in mental functions then as you talked about before, the life sustaining therapy, it's going to talk about that. But that is really therapy that is designed to support a vital function that you need in order to maintain life.

So, the therapy has to be generally two times a week, and it has to require at least 14 hours a week to manage as well. This is something, so when we talk about diabetes specifically, I get this question a lot. Type 2 diabetics often ask, well, would I qualify? And if they're on something like metformin or a pill to manage the condition, they're not going to qualify for that.



Lawrence: I see.

Christine: So, either type 1 or type 2 diabetic type 1 is automatic as we talked about type 2, it's Generally, two insulin injections per day is the minimum that would get you to that 14 hour to manage the condition. there are other things people may not even think about, but chest physio for someone with cystic fibrosis, that would also qualify.

And there's a number of other things, kidney dialysis, there could be oxygen therapy, so there's a number of things that exist under that section as well that would qualify But by going through that little questionnaire, you'd very quickly understand whether you, and we give you a little blurb at the end, so once you've answered the questions, We'll give you a statement that says, based on your answers to the questions, you are likely to qualify and you can proceed to the application process or based on your answers.

It doesn't look like you're likely to qualify. If you still feel strongly that you feel you are qualified, then I would go and talk to a doctor that specifically may come up with someone with a cumulative effects application where they may not have one specific impairment that is impaired enough to meet the qualification criteria for the credit, but maybe there's a number of different impairments. Maybe it's somebody with a stroke and maybe they're walking and getting dressed and preparing meals, let's say Maybe all three of those things are impacted. It could even be talking, but maybe they're not impacted. You know, the generally 90% or it's not taking three times longer. But if we stack all those impairments up together, using those cumulative effects, we might get to enough of an impairment that would qualify the person.

So again, very nuanced. That's what we run through. I like to do a lot of educational seminars we do; we work with a lot of different advisory type teams. Because I think it's important. Really great for people to come and listen and hear what does qualify. We make the presentations a little bit fun.

I usually involve the crowd as well, because what I say to people is if we're in a crowd of a hundred people, that means that 27 people in that room Look into your right, look into your left, look in front of you, behind you. 27 people in this room, based on the stats, are likely, they have a disability. I say, look around, can you pick them out?

Lawrence: Maybe some.

Christine: The ones that are using walkers, or a wheelchair, or using a stick because they're blind We're picking out the physical impairments, but we're not picking out all the other impairments. it's, when I do that task, And I say to people, hey, look around us. there's typically 27% of people in the room. And none of us are wearing a sign on our head that says ADHD, dementia, all these other hidden disabilities that people have They're not easily identified. that's a reminder for all of us as we're going



through this, not just us, but there's all the people around us as well. a lot of times, because this is something that people don't know about, you.

I find myself even more so now, but I'm more in tune about this because I know that there are people that I'm going to meet in my day-to-day life that have no clue about this so I've kind of made it like a personal mission to say to people, are you aware of this? Because if you're not hearing it from your doctor, where are you hearing about it?

My research tells me that 26% of the time, somebody hears about this from a family member, an organization, or a friend.

Lawrence: And the other parts would be what, in your experience, is it more accountants?

Christine: I had other people I polled that had the credit in place. I asked them how they actually heard about the credit.

44% of the time, they did hear about it from an accountant 26% of the time, they heard about it from a family member or organization or a friend. 20% of the time, they heard about it from their advisor, their financial advisor. 6% of the time, they heard about it from their doctor.

Lawrence: Those are surprising figures, especially on the front-end family, where these things should be wider spread, should be readily available I can't think of a more important thing for people to be aware of to help them with their disabilities. These programs exist to help Canadians. It's costly, it's stressful, this is supposed to alleviate some of that.

And I'm sure from your perspective, who's well versed in this, it can be sometimes frustrating Is this really where people are getting their information from? Professionals. as a whole need to do better in critically thinking about these types of programs.

Christine: One thing I wanted to bring up was when I do talk to advisors and I talk about the disability tax credit, one of the first things I generally hear is, oh, I don't do very many registered disability savings plans.

And I stop them because I say, would you be interested to know that of all the people who hold the disability tax credit in Canada today? That 60% of them are 55 and older.

Lawrence: Yes, which even myself, I was fairly surprised That's a very important point that while the RDSP is a part of it, for young people, sure, the latest age you can open is 59, I believe. So, if you're in your 40s and 50s, there's still a value there. But for a lot of people, for a lot of my clients, for example, they're in their 50s and 60s and they have aging parents. Who wouldn't fit into that bucket



where an RDSP fits in, but this tax credit is quite powerful, and it may not have been something that they thought about.

We see a lot of cognitive functions going decline, a lot of dementia.

Christine: That's another big number globally. There are 55 million people with dementia today. By 2030, we're going to be at 78 million, by 2050, 139 million people worldwide will be sufferers of dementia. that's a big one.

Lawrence: In your experience, is that something that has a reasonable success rate?

Lawrence: Okay, that's a biggie. I can think of plenty of families who have an aging parent, they have signs of dementia, they have Alzheimer's, they are now the 60-year-old as a primary caregiver, the aging parent. who has a disability can benefit and so could the person who's taking care of them and that's huge.

Christine: And you think about dementia, what does it really affect as far as mental functions? Well, a lot of it is adaptive functioning. My dad has dementia, so I see firsthand. The challenges and his type of dementia, they got to remember too, there's lots of different types of dementia, but his type of dementia does affect his adaptive functioning.

It's a really hard time working through things and following something through to fruition getting to the same conclusion every time. So, he tends to push that off to other people. it's things like performing hygiene too. He's less likely now to make sure that his hygiene is completely up to date and doing all this stuff.

He's kind of reverted a little bit so. It's harder to get him to perform his normal hygiene activities than it was years ago when he was doing those things readily. his attention is not the same as it was once before. His concentration is not the same. Goal setting, he would defer that to my mother 100% of the time.

His judgment, that's probably a little bit impaired as well, but memory is sometimes for people with dementia, it's not just memory. We all think of like dementia as a memory illness.

Lawrence: What's more than that? Absolutely.

Christine: But it's way more than that. You look at Alzheimer's, tend to deal more with memory than dementia.

And those two are separate. They're not the same. There are things like that. then you've got people with problem solving behaviors too. I mean, my father can't do the problem solving the way he used to



when he didn't have dementia. his regulation of emotion and behaviors is different. Even his verbal and nonverbal comprehension is not the same as it used to be.

So those are all areas that can affect somebody it's not just with dementia, but it's the full gambit of mental health functions, impairments that fall under that. I think for aging people, there's also one of the impairments that tends to get overlooked quite a bit is the impairment on elimination or using the bathroom.

And its bowel or bladder I've often just joked with some advisors, but you know how I say 44% of people heard about the disability tax credit from their accountant. I say to accountants, so how often would you be talking to your clients about their bathroom habits, like whether they have incontinence, or I think their stat that would probably blow some people away is that 50% of men over the age of 60 have a large prostate and suffer from incontinence issues and 90% of men over 70 do.

Lawrence: Wow!

Christine: But we don't think about those things generally as disabilities. We think about them as just aging conditions and it's not helpful.

I've heard a doctor say to one of our clients who is 88 Well, I'm not signing that credit because 88-year-olds, that's what happens. They lose mobility and they start to become incontinent. I thought, well, that's not very helpful.

Lawrence: No, not at all.

Christine: You have to remember somebody who is incontinent is likely using supplies. They're buying incontinence garments and things like that that gets costly.

Lawrence: Absolutely The biggest takeaway for me, and I hope for our audience, this should be a call to action. If you got this far in the episode, it means maybe this is relevant, or you think it may be relevant for someone you know.

So this program is wider sweeping than you may think, or you didn't know about it at all It's important to critically think about these things, to ask questions, to work with people it benefits to, to help walk them through this process, see if you may be eligible, because there could be money on the table, and there could be help out there through these other programs as well to help with a disability.

Christine: And Lawrence, we do have two pathways through the process. We built a tech stack that asks a simpler set of questions. When you do look at the form, it looks very daunting, but what we have developed is a tech stack that will walk you through a simpler set of questions. You can either do that on your own, and that's a self-guided application, or you can do a consultant guided application where you



have somebody holding your hand in a virtual call, and I do some of them in person as well, but you can have somebody holding your hand through a virtual call, walking you through all those questions, and answering more questions you may have, or giving you additional context.

Well, what does that really mean? Give me more examples. We do have some examples on there but give me some more examples of what that means. An impairment like that might look like or asking. this is what I have. This is how this affects me. Would that, would that be something that would qualify? So, somebody who wants a little more hand holding somebody who's not maybe technologically as savvy as someone else who may have more than one impairment, who wants to transfer credits, because this is an important thing, not just for the individual, but their family I think even more so for our aging population.

Because the doors that it's going to open for them are the home accessibility tax credit. Every senior, if you went and polled them, you would find that 95% of them want to age at home.

Lawrence: Yes, especially post COVID, we saw a lot more of that. A lot of our clients were saying things like, you know what, I never want to end up in a home. That's my number one goal now, which we probably wouldn't have heard that as much pre COVID. It's very relevant.

Christine: It is and so in order to stay at home your environment has to be set up safely for you to be able to Make that your forever home So things like the disability tax credit would open up the ability to use the home accessibility tax credit It would also give you access to the multi-generational home renovation tax credit if you're somebody who's going to renovate your home so that you can accommodate an aging family member to come and live with you, then that's another means to be able to use the credit for a benefit and take advantage of some of that credit coming back for having adjusted your home to accommodate that person.

So, there's a lot of things, like I said, it is Pandora's box for me to go into every single other credit benefit supplement would be a long time here on this podcast. That's not what this is about. But just to know that. It is one of those door opener credits that open the doors to so many other things. And if this is something that is interest to you and you have more questions, I'm, I'm always open to taking phone calls, answering emails, text, whatever method you choose that you want to get a hold of me I'm happy to help people along in the journey of applying for the disability tax credit.

Lawrence: Well, that's great. I'm so happy that services like yours exist out there because this is quite daunting, I think for our listeners. If you think this is relevant, this is something that will likely be worth pursuing. Think about these things. If you have more questions, please reach out.

Christine: I'd like to mention one more thing because it was something that we decided to do very early on. And that was the part of our website that says no doctor, no problem, because 40% of Canadians do not have a family doctor because so many other people get the answer that my daughter got when she



goes to the doctor saying, well, you're not going to qualify, you're not disabled enough. You're not in a wheelchair and can't push it yourself, or you're working.

All those things that are misconceptions and myths about the credit, we decided that we were going to offer the medical practitioner authentication process as long as you have an impairment that qualifies you and you have medical records to prove that impairment, then we do have a medical practitioner that can certainly receive that information.

Christine: We've set up a collaboration with another Canadian startup company, mother and daughter team out of Kitchener Waterloo we give people an online medical record storage facility where they can come and put their disability task credit application, and all their medical records associated. then we can get that off to a practitioner who's trained to understand disabilities and the application.

And they can review those things, have a meeting with the patient if they need to, but they can certainly go through and review everything, sign off, and then they can store those medical records just like any continuing care physician would for 10 years if they're an adult or 10 years post their 18th birthday if they're a child.

Lawrence: Very good to know because that also is a hurdle is access to doctors and practitioners that's a wonderful service. Thanks for mentioning that. again, Christine, thanks very much for coming on the show. We were happy to have you. I think this is a very informative episode for our listeners and their families. So final comments?

Christine: I think my final comment is don't discount this for yourself. Don't do yourself the disservice of disqualifying yourself just because of the language that is used, the disability language. It is not a barrier. I think the thing that I tell people all the time is people are afraid to be labeled. And what I say to people all the time is this is not a label the only people who are ever going to know about this are you, your doctor and CRA, and you don't have to tell. So, I think we must not be afraid of those labels but seek the help that would really help you and your family.

Lawrence: Very well put. Thanks very much, Christine, and take care.

Christine: Yes, Thank you so much.

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