

Zachariyah Khalif  
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“How did your disability shape your decision to study the program you chose?”

My mild intellectual disability has significantly shaped my choice to study Psychology. As an individual with a disability, I am treated as though I do not have free-will, as though I constantly need someone holding my hand, to catch me, a 19-year old 6 foot man. As a person with a disability, I still have a full-time job, I still drive my own-car, I still live in my own apartment and do my absolute best to lead a perfectly “normal life”. However, despite years of research, new development, enhanced funding and awareness, people with disabilities like myself are often spoken for, instead of being spoken to, spoken about instead of being spoken to and constantly misrepresented, neglected and treated like they will never have a bright future.

As a Psychology major, I hope to not only learn about the history of disabilities beyond a scientific point of view but also to later pursue a Master's of Arts in Psychology, Child and Youth Care or Social Work. Whether a diagnostic book or a doctor says I could never live independently or that I can never live on my own, is not always based on individual circumstances but rather a common collective. I am studying psychology because I can be a counsellor, I can be a social worker, I can be an educator, because I refuse to let a piece of paper (diagnostic assessment) dictate my future.

I am choosing to study psychology as testament to navigating a world that isn't understanding or accommodating continues to be a common experience for myself, often being flagged for unnecessary services. This path has entailed me to overcome obstacles in self-advocacy, social connections, and education. I frequently grow more empathetic toward those who struggle with comparable issues, living in such an ableist world. I can advocate for people with disabilities, strive to enhance mental health resources, and create interventions that foster inclusivity and understanding by pursuing a career in psychology.

I did not want to study psychology only for interest but due to its multidisciplinary nature in healthcare, education, corrections, social services and research. I wonder how my mind functions differently from other people's. especially to gain more knowledge on learning styles, cognitive development, and how different psychological theories affect behavior. I hope to dispel the stigma associated with having an apparent impairment by obtaining a psychology degree.

In conclusion, my decision to study psychology is a deeply personal one that has been influenced by a series of traumatic and challenging events that I refuse to leave behind. My journey through life with a disability has fostered empathy, curiosity, and a begging for self-understanding, all of which has led to an interest in human development. It has taken me years to actually like who I am, and value who I am despite my diagnosis. I deserve to go to university, I deserve to get a higher education and I deserve a bright life.

Sincerely,  
Zach Khalif  
Abdulhassankhalif@gmail.com



## Disability Tax Credit Certificate

The information provided in this form will be used by the Canada Revenue Agency (CRA) to determine the eligibility of the individual applying for the disability tax credit (DTC). For more information, see the general information on the last page.

Help  
[canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit)  
1-800-959-8281

### Part A – Individual's section

#### 1) Tell us about the person with the disability


First name: Zashariyah

Last name: Khalif (Markiw)

Social insurance number: 7 6 0 8 5 1 7 3 3

Mailing address: 6948 Broadway Street

City: Burnaby

Province or territory: British Columbia 


Postal code: V 5 B 2 Z 1 Date of birth: 2 0 0 6 0 5 0 6  
Year Month Day

#### 2) Tell us about the person intending to claim the disability amount (if different from above)

This person must be a supporting family member of the person with the disability (the spouse or common-law partner of the person with the disability, or a parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew, or niece of that person or their spouse or common-law partner).

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Relationship: \_\_\_\_\_ 

Social insurance number:                            Does the person with the disability live with you? ☐ Yes ☐ No

Indicate which of the basic necessities of life have been regularly and consistently provided to the person with the disability, and the years for which it was provided:

☐ Food \_\_\_\_\_ Year(s) ☐ Shelter \_\_\_\_\_ Year(s) ☐ Clothing \_\_\_\_\_ Year(s)

Provide details regarding the support you provide to the person with the disability (regularity of the support, proof of dependency, if the person lives with you, etc.):

If you and another person support the same dependant, you may split the claim for that dependant. However, the total amount of your claim and the other person's claim cannot be more than the maximum amount allowed for that dependant. If you want to provide more information than the space allows, or another supporting family member would like to add information about the support they provide, use a separate sheet of paper, sign it, and attach it to this form. Make sure to provide all identifying information, including social insurance numbers and signatures from all supporting family members.

As the supporting family member intending to claim the disability amount, I confirm the above information is accurate. This authorization will not result in automatic adjustments to my previous tax returns.

Signature: \_\_\_\_\_

**Part A – Individual's section (continued)****3) Previous tax return adjustments**

Are you the person with the disability or their legal representative (or if the person is under 18, their legal guardian)?

☐ Yes ☐ No

**Note:** If no, or more than one person is claiming the disability amount, you will need to send a Form T1-ADJ for each year to be adjusted or a letter with the details of your request(s).

If eligibility for the disability tax credit is approved, would you like the CRA to apply the credit to your previous tax returns?

☐ Yes, adjust my previous tax returns for all applicable years.

☐ No, do not adjust my previous tax returns at this time.

**4) Individual's authorization**

As the person with the disability or their legal representative:

- I certify that the above information is correct.
- I give permission for my medical practitioner(s) to provide the CRA with information from their medical records in order for the CRA to determine my eligibility.
- I authorize the CRA to adjust my returns, as applicable, if I opted to do so in question 3.

Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: 

Year				Month		Day	

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 218 on Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source).

**This marks the end of the individual's section of the form.** Ask a medical practitioner to fill out Part B (pages 3-16). Once the medical practitioner certifies the form, it is ready to be submitted to the CRA for assessment.

**Next steps:**

**Step 1** – Verify that your medical practitioner has filled out and signed part B of this form.

**Note**

Your medical practitioner provides the CRA with your medical information but does not determine your eligibility for the DTC.

**Step 2** – Make a copy of the filled out form for your own records.

**Step 3** – Refer to the last page for instructions on how to submit your form to the CRA.

## Part B – Medical practitioner's section

### Important notes on patient eligibility

- Eligibility for the DTC is not based solely on the presence of a medical condition. It is based on the impairment resulting from a condition and the effects of that impairment on the patient. Eligibility, however, is not based on the patient's ability to work, to do housekeeping activities, or to engage in recreational activities.
- A person may be eligible for the DTC if they have a severe and prolonged impairment in physical or mental functions resulting in a marked restriction. A marked restriction means that, even with appropriate therapy, devices, and medication, they are unable or take an inordinate amount of time in one impairment category, **all or substantially all** (generally interpreted as 90% or more) of the time. If their limitations do not meet the criteria for one impairment category alone, they may still be eligible if they experience significant limitations in two or more categories.

For more information about the DTC, including examples and eligibility criteria, see [Guide RC4064, Disability-Related Information](#), or go to [canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit).

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### Next steps

**Step 1** – Verify that you have filled out the sections of the form that are applicable to your patient.

When considering your patient's limitations, assess them compared to someone of similar age who does not have an impairment in that particular category. If your patient experiences limitations in more than one category, they may be eligible under the "Cumulative effect of significant limitations" section.

If you want to provide more information than the space allows, use a separate sheet of paper, sign it, and attach it to this form. Make sure to include the name of the patient at the top of all pages.

**Step 2** – Sign the "Certification" section on the last page.

**Step 3** – You or your patient can send this form to the CRA when both Part A and Part B are filled out and signed (refer to the last page for instructions).

The CRA will review the information provided to determine your patient's eligibility and advise your patient of our decision. If more information is needed, the CRA may contact you.

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Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 218 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

Patient's name: Zashariyah Khalif (Markiw)

Protected B when completed

If your patient has an impairment in mental functions necessary for everyday life, initial your professional designation and complete this section.

BG Medical doctor \_\_\_\_\_ Nurse practitioner \_\_\_\_\_ Psychologist \_\_\_\_\_**Mental functions necessary for everyday life**

Mental functions necessary for everyday life include adaptive functioning, attention, concentration, goal-setting, judgment, memory, perception of reality, problem-solving, regulation of behaviour and emotions, and verbal and non-verbal comprehension.

- 1) List any medical conditions or diagnoses that impair your patient's ability to perform mental functions necessary for everyday life, and provide the year of diagnosis (if available):

**Attention deficit hyperactivity disorder (ADHD) (2017), intellectual disability (Mild ID) (2017), oppositional defiant disorder (ODD) (2017) and reactive attachment disorder (2017).**

- 2) Does your patient take medication to help manage their impairment in mental functions necessary for everyday life?

☐ Yes ☐ No ☒ UnsureDoes your patient require supervision or reminders from another person to take their medication?  
This question is not applicable to children.☐ Yes ☐ No ☐ Unsure

Select the option that best describes how effectively the medication helps manage their impairment in mental functions necessary for everyday life:

☐ Effective ☐ Moderately effective ☐ Mildly effective ☐ Ineffective ☐ Unsure

- 3) Describe any devices or therapy your patient uses to help manage their impairment in mental functions necessary for everyday life (for example, memory aids, assistive technology, cognitive-behavioural therapy):

- 4) Does your patient have an impaired capacity to live independently (or to function at home or at school in the case of a child under 18) without daily supervision or support from others?

☐ No ☒ Yes

Select all types of support received by the adult or child under 18:

**Adult**

- ☐
- Assisted living or long-term facility
- 
- ☒
- Community-based health services
- 
- ☐
- Hospitalization
- 
- ☐
- Support from family members

**Child under 18**

- ☐
- Adult supervision at home beyond an age-appropriate level
- 
- ☐
- Additional support from educational staff at school

Provide additional details about support received (optional):

**Was in foster care due to abuse and medical/psychological neglect till adulthood**

Patient's name:

Zashariyah Khalif (Markiw)

Protected B when completed

**Mental functions necessary for everyday life (continued)**

5) Select the box that best describes the extent of your patient's impairment, if any, for each of the mental functions listed below, compared to someone of similar age without an impairment in mental functions necessary for everyday life.

**Note:** For a child, you can indicate either their current or anticipated impairment.

		No limitations	Some limitations	Severe limitations
<b>Adaptive functioning</b>	Adapt to change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Express basic needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Go out into the community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Initiate common, simple transactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Perform basic hygiene or self-care activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Perform necessary, everyday tasks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attention</b>	Demonstrate awareness of danger and risks to personal safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Demonstrate basic impulse control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Concentration</b>	Focus on a simple task for any length of time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Absorb and retrieve information in the short-term	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Goal-setting</b>	Make and carry out simple day-to-day plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-direct to begin everyday tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Judgment</b>	Choose weather-appropriate clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make decisions about their own treatment and welfare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize risk of being taken advantage of by others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Understand consequences of their actions or decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Memory</b>	Remember basic personal information such as date of birth and address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Remember material of importance and interest to themselves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Remember simple instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Perception of reality</b>	Demonstrate an accurate understanding of reality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Distinguish reality from delusions and hallucinations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Problem-solving</b>	Identify everyday problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Implement solutions to simple problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Regulation of behaviour and emotions</b>	Behave appropriately for the situation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Demonstrate appropriate emotional responses for the situation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Regulate mood to prevent risk of harm to self or others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Verbal and non-verbal comprehension</b>	Understand and respond to non-verbal information or cues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Understand and respond to verbal information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient's name: Zashariyah Khalif (Markiw)

Protected B when completed

**Mental functions necessary for everyday life (continued)**

Mental functions necessary for everyday life include adaptive functioning, attention, concentration, goal-setting, judgment, memory, perception of reality, problem-solving, regulation of behaviour and emotions, and verbal and non-verbal comprehension.

- 6) Provide examples that describe your patient's impairment if you indicated they have "some limitations" or if you have additional examples related to your patient's ability to perform mental functions necessary for everyday life.

**Adaptive functioning:** Throughout his childhood years he has faced extreme abuse, medical neglect and torture prompting entry into the foster system and calling for support from the foster parent. Out in the community there have been concerns that Zach could not recognize risks and dangers and close supervision was required until Zach was 15-16. **Attention:** Impulse control has been one of the biggest challenges. On a day-to-day basis there have been concerns about some of his decision making. **Concentration:** He is moderately limited with regards to his ability to concentrate and focus on given activity, this is a working progress. He particularly struggles with retrieving short-term information. **Goal-setting:** Can plan his own agenda and has an invisible disability. Making simple day-to-day plans have been difficult. **Judgment:** He does have various limitations in his overall judgment of situations. **Regulation of behaviour and emotions:** Easily angry and annoyed over situations that can be resolved through appropriate conversation.

- 7) Is your patient unable to, or do they take an inordinate amount of time to perform mental functions necessary for everyday life (at least three times longer than someone of similar age without an impairment in mental functions), even with the use of appropriate therapy, medication and devices?

☐ Yes ☒ No<sup>1</sup>

<sup>1</sup>If you answered no and your patient is impaired in two or more categories, they may be eligible under the "Cumulative effect of significant limitations" section.

- 8) Is this the case all or substantially all of the time?

☒ Yes ☐ No

- 9) Provide the year when your patient became impaired based on your previous answers: 

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Year

- 10) Has your patient's impairment in performing mental functions necessary for everyday life lasted, or is it expected to last, for a continuous period of at least 12 months?

☒ Yes ☐ No

- 11) Has your patient's impairment in performing mental functions necessary for everyday life improved or is it likely to improve to such an extent that they would no longer be impaired?

☐ Yes (provide year) 

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 Year ☒ No ☐ Unsure



Patient's name: Zashariyah Khalif (Markiw)

Protected B when completed

**Certification (mandatory)**1) For which year(s) has the person with the disability been your patient? 2018 to 20222) Do you have medical information on file for all the year(s) you certified on this form? ☒ Yes ☐ No

Select the medical practitioner type that applies to you. Tick one box only:

- ☒ Medical doctor
 ☐ Nurse practitioner
 ☐ Optometrist
 ☐ Occupational therapist  
☐ Audiologist
 ☐ Physiotherapist
 ☐ Psychologist
 ☐ Speech-language pathologist

As a **medical practitioner**, I certify that this information is correct to the best of my knowledge. I understand that this information will be used by the CRA to make a decision if my patient is eligible for the DTC.

**Signature:** \_\_\_\_\_

It is a serious offence to make a false statement.

Name (print): Balbinder Gill
 Medical license or  
 registration number  
 (optional): 18469
Telephone number: 6042704456
 Date: 

2	0	2	5	0	2	1	8
Year		Month		Day			

Address

Dr. B Gill  
720-6091 Gilbert Road  
Richmond, British Columbia  
V7C5L9  
Canada
**General information****Disability tax credit**

The disability tax credit (DTC) is a non-refundable tax credit that helps persons with disabilities or their supporting persons reduce the amount of income tax they may have to pay.

For more information, go to [canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit) or see [Guide RC4064, Disability-Related Information](#).

**Eligibility**

A person with a severe and prolonged impairment in physical or mental functions **may be eligible** for the DTC. To find out if you may be eligible for the DTC, fill out the self-assessment questionnaire in Guide RC4064, Disability-Related Information.

**After you send the form**

Make sure to keep a copy of your application for your records. After we receive your application, we will review it and make a decision based on the information provided by your medical practitioner. We will then send you a notice of determination to inform you of our decision.

You are responsible for any fees that the medical practitioner charges to fill out this form or to give us more information. You may be able to claim these fees as medical expenses on line 33099 or line 33199 of your income tax and benefit return.

**If you have questions or need help**

If you need more information after reading this form, go to [canada.ca/disability-tax-credit](https://canada.ca/disability-tax-credit) or call **1-800-959-8281**.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms](https://canada.ca/cra-forms) or call **1-800-959-8281**.

For internal use 3C7LG78

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**How to send in your form**

You can send your completed form at **any time** during the year online or by mail. Sending your form before you file your annual income tax and benefit return may help us assess your return faster.

**Online**

Submitting your form online is secure and efficient. You will get immediate confirmation that it has been received by the CRA. To submit online, scan your form and send it through the "Submit documents" service in My Account at [canada.ca/my-cra-account](https://canada.ca/my-cra-account). If you're a representative, you can access this service in Represent a Client at [canada.ca/taxes-representatives](https://canada.ca/taxes-representatives).

**By Mail**

You can send your application to the tax centre closest to you:

Winnipeg Tax Centre  
 Post Office Box 14000, Station Main  
 Winnipeg MB R3C 3M2

Sudbury Tax Centre  
 Post Office Box 20000, Station A  
 Sudbury ON P3A 5C1

Jonquière Tax Centre  
 2251 René-Lévesque Blvd  
 Jonquière QC G7S 5J2



**THOMPSON RIVERS UNIVERSITY**

Student Name: Zachariyah Khalif

Student Number (TID): T00726913

Program: Bachelor of Arts

Semester Start: September 2025

Dear [Zachariyah](#),

This is it - your official offer letter of admission. Congratulations, again!

All of us at Thompson Rivers University are delighted you've chosen our university to be a part of your post-secondary journey. We are saving a seat for you here at TRU.

We're always here for you, and we welcome your questions. Contact Enrolment Services at [admissions@tru.ca](mailto:admissions@tru.ca) or call 250-828-5036.

**Michael Bluhm**  
University Registrar

A handwritten signature in black ink, appearing to read 'm. bluhm', with a stylized, flowing script.

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# OFFER OF ADMISSION