

# UROSTOMY COVER LETTER

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While it is not mandatory, below is a template for a Cover Letter to be attached with your DTC Application.

Date:

Title: Disability Tax Credit

To Whom It May Concern:

I was diagnosed with bladder cancer in (YEAR) and had bladder removal surgery that left me with a permanent urostomy which I continue to live with and look after since (YEAR). I am currently (AGE) years old.

I spend more time in the bathroom every day than the average person looking after the stoma, cleaning and changing appliance when necessary.

It is only recently that I have been advised that I may qualify for the Disability Tax Credit (DTC), hence this application. I seek your confirmation that I qualify for the DTC and then I ask to consider this application be retroactive - to (YEAR).

Thank you in advance for considering my application and reviewing this letter.

Sincerely,

(FIRST AND LAST NAME)

(PHONE NUMBER)

(E-MAIL)

**NOTE:**

This template is designed to assist with successful applications and should **NOT** be used verbatim.

Adapt the content to fit your specific situation.



# NEOBLADDER COVER LETTER

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While it is not mandatory, below is a template for a Cover Letter to be attached with your DTC Application.

Date:

Title: Disability Tax Credit

To Whom It May Concern:

I was diagnosed with bladder cancer in (YEAR) and had bladder removal surgery that left me with a permanent neobladder which I continue to live with and maintain since (YEAR). I am currently (AGE) years old. The surgery has impacted most everything I do however, I have learned to live with the resulting permanent neobladder.

I spend more time in the bathroom every day than the average person due to managing the excretion, cleaning, and maintenance of my neobladder.

It is only recently that I have been advised that I may qualify for the Disability Tax Credit (DTC), hence this application. I seek your confirmation that I qualify for the DTC and then I ask to consider this application be retroactive - to (YEAR).

Thank you in advance for considering my application and reviewing this letter.

Sincerely,

(FIRST AND LAST NAME)

(PHONE NUMBER)

(E-MAIL)

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# INDIANA POUCH COVER LETTER

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While it is not mandatory, below is a template for a Cover Letter to be attached with your DTC Application.

Date:

Title: Disability Tax Credit

To Whom It May Concern:

I was diagnosed with bladder cancer in (YEAR) and had bladder removal surgery that left me with a permanent irreversible continent cutaneous urinary diversion called the Indiana Pouch, which I continue to live with and maintain since (YEAR). I am currently (AGE) years old. The surgery has impacted most everything I do however, I have learned to live with the resulting Indiana Pouch.

I spend more time in the bathroom every day than the average person as I must use intermittent catheterization through an abdominal stoma every few hours to empty my internal pouch.

It is only recently that I have been advised that I may qualify for the Disability Tax Credit (DTC), hence this application. I seek your confirmation that I qualify for the DTC and then I ask to consider this application be retroactive - to (YEAR).

Thank you in advance for cover letter.

Sincerely,

(FIRST AND LAST NAME)

(PHONE NUMBER)

(E-MAIL)

**NOTE:**

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Adapt the content to fit your specific situation.

