

Fact Sheet — Clothing Allowance

If you wear or use a device (such as a brace, wheelchair or prosthesis) as a result of a work-related injury, you may be eligible for a clothing allowance. We pay this allowance yearly to repair or replace clothing damaged by your device.

When to apply for a clothing allowance

You may apply for a clothing allowance if:

- you have a permanent impairment and are at maximum medical recovery (your condition is stable and no significant improvements are expected),
- you wear or use a device authorized by the WSIB, and
- you have worn the device for at least one full year since you began receiving a Non-Economic Loss (NEL) or Permanent Disability (PD) benefit.

NOTE: If you are seriously injured (for example, if you use a wheelchair) there may be different rules that govern your clothing allowance. Ask your case manager for more information.

How to apply

You can apply for an initial allowance after you have worn your device for a full year from the date you received your NEL or PD benefit. (For example, if you started wearing a brace in February and began receiving a NEL benefit in May, you would be eligible for clothing allowance benefits in June of the following year.)

You can re-apply for an allowance for as long as you continue to use a device.

To apply, complete an application form (available from all WSIB offices or on our website). When reviewing your application, the WSIB will consider what kind of device you use, how often and for how long you wear it, whether the device needs regular repair or replacement, and whether or not your employer provides you with free uniforms or work clothes.

Clothing allowance benefit rates

The benefit rate paid is based on the type of device you have and the number of hours per week you use it. Based on the number of hours per week you use the device, the WSIB may approve a percentage of the yearly amount as a partial clothing allowance.

The WSIB classifies devices according to the amount of damage to clothing they usually cause.

Devices which can cause major damage to clothing — such as Harris-type back braces, back supports with steel stays, leg braces, custom-made knee braces, artificial legs and manual wheelchairs — are eligible for a clothing allowance amount of \$590.40 per year.

Devices which can cause minor damage to clothing — such as cervical braces, artificial arms, arm braces, wrist gauntlets, forearm support crutches, knee braces, power wheelchairs and crutches — are eligible for an amount of \$295.20 per year.

If you receive free uniforms or work clothes, the WSIB will pay **for no more than 50%** of the maximum rate for your device.

If you use more than one device, the WSIB will allow **one** annual clothing allowance for an upper body device and **one** for a lower body device.

Repairing or replacing devices

If your device has deteriorated due to regular or heavy use, you may be covered for the cost of repair or replacement as an eligible benefit. For more information, please contact your WSIB Case Manager or Nurse Consultant.

About the Workplace Safety and Insurance Board

Ontario's Workplace Safety and Insurance Board plays a key role in the province's occupational health and safety system. The WSIB administers no-fault workplace insurance for employers and their workers and is committed to the prevention of workplace injuries, illnesses and fatalities. The WSIB provides disability benefits, monitors the quality of healthcare, and assists in early and safe return to work for workers who are injured on the job or contract an occupational disease.

This and other fact sheets are available on the WSIB website, most in several languages, at www.wsib.on.ca. For information in other languages and in alternate formats such as Braille and large print, you can also send an e-mail to translation@wsib.on.ca or contact our toll-free Multilingual Hotline at 1-800-465-5606 or our Telephone Service for the Deaf (TTY) at 1-800-387-0050, from 8:30 a.m. to 4:30 p.m. weekdays.

Clothing Allowance Application

Claim No.:	Date
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This application is for your clothing allowance. The WSIB may authorize clothing allowances for workers with permanent impairments, to replace or repair clothing worn or damaged by the wearing of an assistive or prosthetic device.

The WSIB encourages you to keep in regular contact with your doctor to make sure the device is still providing you with therapeutic value and adequate support. Please complete all sections on this application and send it to the WSIB at least two months before your annual clothing allowance review. This will avoid delays in processing your clothing allowance payment.

Please PRINT in BLACK ink.

To avoid delays, please complete every section.

Employer's Name			
Address	City	Postal Code	Telephone No.
Are you receiving a Permanent Disability Pension or a Non-Economic Loss (NEL) benefit?	<input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever received a clothing allowance under any other claim?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes , please provide details including the claim number.			
Identify the device you are wearing or using			
Make and Model Number			
Does the device contain any metal parts (e.g. steel stays, hinges, etc.)?			
Name of Supplier			
Address	City	Postal Code	Telephone No.

When you contact the WSIB please indicate claim number

When did you begin wearing or using the device?	Date <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">d</td> <td style="text-align: center; font-size: small;">d</td> <td style="text-align: center; font-size: small;">m</td> <td style="text-align: center; font-size: small;">m</td> <td style="text-align: center; font-size: small;">m</td> <td style="text-align: center; font-size: small;">y</td> <td style="text-align: center; font-size: small;">y</td> <td style="text-align: center; font-size: small;">y</td> <td style="text-align: center; font-size: small;">y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	d	d	m	m	m	y	y	y	y											
d	d	m	m	m	y	y	y	y													
Has the device been repaired or replaced?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes , please provide details, and dates..																			
How often do you wear or use the device?	Hours per day	Days per week	Do you wear or use the device at work? <input type="checkbox"/> yes <input type="checkbox"/> no																		
Are you wearing this device as instructed by your doctor?	<input type="checkbox"/> yes <input type="checkbox"/> no	If you are not wearing this device as instructed by your doctor, please explain why:																			
Does your employer provide or pay for 100% of your clothing or uniform?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes , do you wear the uniform: <input type="checkbox"/> over the clothing or <input type="checkbox"/> instead of your own clothing																			
Please describe in detail what damage the device did to your clothing.																					
(Please print name)																					
I, _____ am claiming a clothing allowance benefit under the Workplace Safety and Insurance Act, and by signing this application form, I declare that the information I am providing is true.																					
Signature	Date	Telephone No.																			

Fax ALL WSIB claim-related information to:
1-888-313-7373 / 416-344-4684

_____ **or** _____

Mail to:
Workplace Safety and Insurance Board
200 Front Street West
Toronto ON
M5V 3J1

If you FAX, please do not mail the original as well!