

About the Special Services at Home Program (SSAH):

The SSAH program is focussed on meeting needs broadly described as:

- **Personal Growth and Development** – These are individual developmental programs that are time limited and help the individual achieve a specific goal.

and/or

- **Family Relief and Support** – This provides respite/relief for the caregiver and is related to support services in or out of the home of the family.

The SSAH program is available for children and adults with a developmental disability and children with a physical disability who are residents of Ontario. SSAH can help individuals with disabilities to live at home with their families by providing time-limited funding to purchase supports and services not available elsewhere in the community.

The SSAH program serves individuals and families with a wide variety of needs. Information on this form may or may not apply to your individual situation. This form is not intended to replace regular contact between SSAH staff and families. You may be contacted if more information is needed.

Application Process:

The ministry has streamlined the application process for SSAH to make the reapplication process easier. Applicants complete a full SSAH application that will cover a three-year period, unless their circumstances change significantly, or there is a change in the level of funding requested. In years two and three of the application process, applicants complete only certain sections of the SSAH application to provide an update to the ministry and to determine whether they have had a significant change that would require that a full application be completed.

The individual/family must complete the full application if:

- it is their first application for SSAH; OR
- there has been a significant change in the individual's care needs, the family's situation or support network since the date of the last full SSAH application; OR
- the individual/family is requesting a different amount of funding than in the last full SSAH application; OR
- it is the third anniversary from the date of the last full SSAH application.

The individual/family is required to complete only certain sections of the application if:

- there has been no significant change in the individual's care needs, the family's situation or support network since the date of the last full SSAH application; AND
- the individual/family is/are requesting the same amount of funding as in the last full SSAH application; AND
- it is not the third anniversary from the date of the last full SSAH application.

As you fill in the application form, instructions are provided to help you determine which sections you need to complete.

This application form will be used along with the Special Services at Home Guidelines. You can contact your local regional office of the Ministry of Community and Social Services for more information.

This application may be submitted either by the individual requiring support, a parent or guardian.

The individual/family:

- may get help from a community agency or any other person to fill out this form;
- must sign the completed form to show it is true and correct; AND
- should never sign a blank application.

PLEASE NOTE: that all decisions about SSAH funding amounts are made on a yearly basis. Funding decisions are based on your individual/family needs and supports, services available in the community, locally identified priorities, and the availability of SSAH funding within your ministry region.

Person or Agency Assisting in the completion of application (If Applicable)

Name		Telephone Number (Include Area Code) ()
Agency or Organization (if applicable)		Position
Address: Street Number and Name		
City/Post Office	Province	Postal Code

Child / Individual Requiring Support

Is the applicant legally entitled to live in Canada and a resident of Ontario?
(examples: citizen, landed immigrant, holder of a Minister's Permit, refugee entitled to live in Canada).

Yes
 No

Date of SSAH Request
dd | mm | yyyy

A copy of supporting documentation may be requested.

Last Name

First Name

Initial

Gender
 M
 F

Date of Birth
dd | mm | yyyy

Address: Street No. and Name

City/Post Office

Province

Postal Code

Home Telephone No. (Include Area Code)
()

Mailing Address (if different from above)

Section 1. Family Caregiver

Last Name

First Name

Initial

Relationship to applicant

Address (if different from that of the applicant/individual requiring support)

Home Telephone No. (Incl. Area Code)
()

Work Telephone No. (Incl. Area Code)
()

Section 2. Applying for Special Services at Home

Have you applied for Special Services at Home previously?

- No Please complete sections 4 to 9 of this application (pages 3 to 7) and return the fully completed form to your ministry regional office. You will be contacted once a funding decision has been made.
- Yes Is this the third anniversary of your fully completed application?
- No Please complete section 3 below to determine whether you need to complete the full application
- Yes Please complete sections 4 to 9 of this application (pages 3 to 7) and return the fully completed form to your ministry regional office. You will be contacted once a funding decision has been made.

Section 3. Individual and Family Update

a) The last SSAH application completed was for:

Personal development and growth and/or Family relief

b) Last year, SSAH funding was approved for: \$ _____ for the time period _____ to _____

c) I/We am/are applying for the same amount of funding this year:

- No Please complete sections 4 to 9 of this application (pages 3 to 7) and return this form to your ministry regional office. You will be contacted once a funding decision has been made.
- Yes Please complete the remainder of this section

d) Since your last SSAH application was approved, has there been a *significant* change in the amount of assistance that is required in the following areas:

	No	Yes
i) Personal development <i>e.g. communication, social skills, community activities</i>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Supervision <i>at home, in the community or elsewhere</i>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Behaviour	<input type="checkbox"/>	<input type="checkbox"/>
iv) Personal care	<input type="checkbox"/>	<input type="checkbox"/>
v) Health and/or medical care	<input type="checkbox"/>	<input type="checkbox"/>
vi) Family situation	<input type="checkbox"/>	<input type="checkbox"/>
vii) Informal support network	<input type="checkbox"/>	<input type="checkbox"/>
viii) Other agency-sponsored supports	<input type="checkbox"/>	<input type="checkbox"/>
ix) Paid family relief and support	<input type="checkbox"/>	<input type="checkbox"/>
x) Receipt of financial supports for the person requiring support Ontario Disability Support Program (ODSP) or Assistance for Children with Severe Disabilities (ACSD)	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "no" to all of the questions in 3d) above, please complete and sign page 7 of this application and return to your ministry regional office. You will be contacted once a funding decision has been made.

If you checked "yes" to any of the questions in 3d) above, you must complete sections 4 to 9 (pages 3 to 7) of this application. Please return the completed form to your ministry regional office. You will be contacted once a funding decision has been made.

Instructions to Complete Sections 4 to 9:

- Please complete all sections of the Application Form.
- All sections of the form are considered as a whole and are not listed in order of priority.
- If a section does not apply to your situation, please write "n/a" or draw a line through it.
- Keep in mind that the more complete your information is, the better we are able to assess your request for support.
- The application is an information gathering tool which collects information related to the seven decision-making factors for SSAH. It gives the individual/family an opportunity to state their needs and make a request.
- The personal information that is collected is confidential and is used for the purpose of providing you with services and support under the Special Services at Home program.

Supporting Documentation to Determine SSAH Eligibility

Documentation of the applicant's disability is required from a physician or psychologist, to establish basic eligibility. Please refer to the SSAH Guidelines for more information.

- The documentation is (check ✓ one)
 - attached
 - previously sent (no change)
 - will be sent separately
- If this is a re-application for SSAH and you are requesting funds for personal development and growth, you are required to submit a Progress Report before your application can be reviewed. Please see Progress Report Form number 3000 (09/2003).

The completed Progress Report is (check ✓ one)

- attached
- will be sent separately

Section 4. Requests for Service

Please check (✓) the service or services you are requesting:

- Personal Development and Growth:**
These are individual developmental programs that are reviewed regularly and help the individual achieve a specific goal and/or
- Family Relief and Support:**
This provides respite/relief for the caregiver.

There are a number of services and supports that SSAH does not cover that include: basic care (e.g. food, clothing, diapers, baby sitting, child care, dental care and medical costs); child care fees; basic camp and recreation fee; education activities usually provided by the Ministry of Education and tuition for adult education and employment programs typically offered by the Ontario Disability Support Program; assistive devices and professional fees. (Please consult the SSAH Guidelines for a complete list and explanations).

A) If this is a request for Personal Development and Growth, please list the goals you wish to achieve. If the request is for a specialized area of programming (e.g. dealing with sign language or self-injurious behaviour) a copy of the program plan should be submitted.

1. _____
2. _____
3. _____
4. _____
5. _____

B) How many hours of service are you requesting? Please respond according to how you intend to use the hours. For example: are you requesting a regular weekly amount, or are you requesting a lump sum of hours to be used as needed?

Hours of Service (example: hours/week, hours/month, hours/year)	Cost per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week	
Time Period (example: 12 months, 6 months, 10 weeks during summer)	Additional Related Costs (please specify)	
Anticipated Start Date (yyyy/mm/dd)	Total	

If necessary provide additional details of cost estimate here:

C) Who will be responsible for receiving and managing the funds? (e.g. parent, agency)

Please provide agency's mailing address if not listed elsewhere in this application.

Section 5. Description of the strengths and interests of your family member and the support that you provide.

Decision-making for SSAH considers: a) how additional support will increase personal development and growth by complementing a person's strengths and interests, and b) the amount of support you provide to your family member. The program provides support to people who have a wide variety of unique needs. Please check or write in the factors that describe your family member's situation. The factors listed are only examples to help you complete the form. You can use these examples or add as appropriate. If needed, please attach additional sheets to describe your unique situation.

A. Strengths and Interests To help us understand your family member's abilities, please describe their strengths and interests or add any other information you feel is important.

B. Personal Development Support

Personal Development Support	Check how often assistance is provided for personal development support					
	Constant	Hourly	Daily	Weekly	Reminders	Never
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Activities / Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If appropriate, provide more information on your unique situation)						

C. Supervision

Supervision	Check the amount of supervision or attention provided for safety.					
	Constant	Hourly	Daily	Weekly	Reminders	Never
In the Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If appropriate, provide more information on the type of supervision provided.)						

D. Behaviour Write in behaviour needs and check how often assistance is provided.

Examples are:

- Aggression
- Self injury
- Running Away
- Behaviour that is significantly disturbing to self and/or others
- Tantrums / Hyperactive
- Destruction of property
- Withdrawn behaviour

	Several times daily	Once a Day	Several time per week	Once a Week	Some-times
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If appropriate, provide more information on the type of supervision provided.)					

E. Personal Care		Write in personal care needs and check how often assistance is provided.					
Examples are: - Dressing - Eating - Bathing - Mobility - Going to washroom/toileting - Lifting/transfers associated with personal care		Several times daily	Once a Day	Several times per week	Once a Week	Some-Times	Reminders Only
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If appropriate, provide more information on the type of supervision provided.)							

F. Health and Medical		Write in the health and medical needs of your family member and check how often assistance is provided.				
Examples are - Catheterization - Tube Feeding - Seizure Control - Suctioning, etc.		Several times Daily	Once a Day	Several Times per Week	Once a Week	Some-times
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If appropriate, provide more information on the type of supervision provided.)						

Section 6. Your family situation

SSAH decision-making considers the unique needs of the family. The following are examples of special considerations that may affect your family's ability to support your son, daughter or family member.

Please check the factors which apply to your situation.

Factors	✓	Additional Comments
You are senior age parents / caregivers	<input type="checkbox"/>	
Other members of your family require care	<input type="checkbox"/>	
Your family member is on waiting list(s) for other services	<input type="checkbox"/>	
Only one parent can provide care	<input type="checkbox"/>	
You have extensive travel to services and supports	<input type="checkbox"/>	
You have extensive travel to appointments	<input type="checkbox"/>	
Your family member has completed school and is without daytime activity or program	<input type="checkbox"/>	
Other (Please specify)	<input type="checkbox"/>	

You may wish to provide us with other information about your unique situation that you feel is important for us to consider; (example: health of caregiver, changes to your family situation, number of children in your family, etc.)

Section 7. Support Networks that are available to you

SSAH decision-making considers the informal support that is available to the individual and family. Many families can count on help from others such as family, volunteers, neighbours, friends, etc. However, it is acknowledged that these supports can vary. What supports can you count on and how often are they available?

Section 8. Paid Services and Supports

SSAH decision-making considers supports and services currently available and appropriate. The SSAH program does not duplicate existing community supports and it is expected that families will access available community services before considering Special Services at Home. What other sources of service or funding have you accessed or considered to meet the needs of your family member?

A. Community Supports	Full Day (35-40 hrs./wk)	More than Half Day (21-34 hrs./wk)	Half Day (17-20 hrs./wk)	Less than Half Day (less than 17 hrs./wk)	Applied to		Waiting List	Received Previously
					Yes	No		
Day Care (Formal or Informal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursery / Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Day Program (e.g. Passport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Services (e.g. Infant Development, Behaviour Management, Health Support Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Co-ordination / Case Management <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. Evening Program, City Recreation Program (please specify))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

B. Family Relief and Support	Applied to:		Yes Name the agency:	How many hours per week?	No (Not currently receiving)	Received Previously
	Yes	No				
Parental Relief – In and Out of Home	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Attendant Care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Nursing Respite	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Homemaking	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Other: e.g. Group Insurance (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments

C. Other Financial Support

It is important that you (or your family member) receive the financial supports for which you are eligible. Are you (or is your family member) in receipt of either or both of the following financial supports since the time of your last full SSAH application? (Check all that apply)

Type of Financial Support	Received Previously		I/We have applied		
	Yes	No	Yes	No	
Ontario Disability Support Program (ODSP) <i>(formerly FBA for adults 18 years and over)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance for Children with Severe Disabilities (ACSD) <i>(Formerly HCB for children under 18 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not eligible, please state reason:

You may wish to provide additional documentation such as reports from other professionals or a copy of your **Individual Support Agreement (ISA)** if you feel it would help support your request.

Section 9. Signatures

Additional Information:

Additional information is often required before a request can be considered. However, if you do not wish to consent to release information at this time, draw a line through the blank spaces below. You may then sign below as an application only.

Consent for Release of Information	
I give the Ministry of Community and Social Services permission to obtain additional information regarding my application form from the organizations or individuals named below. (Examples: assisting agency/person, service provider, physician, psychologist, agency staff, etc.)	
Name	Telephone Number (Incl. Area Code) ()
Name	Telephone Number (Incl. Area Code) ()
Name	Telephone Number (Incl. Area Code) ()

Application	
I hereby apply for services and declare that the above statements are true to the best of my knowledge.	
Signature of Applicant	Date (yyyy/mm/dd)
And/or Signature of parent or Guardian (if under 16 years of age)	Date (yyyy/mm/dd)

Notice of Right to Review Decisions	
You will be notified, in writing, of the decision made by the Ministry. If the request has not been approved as presented, and you feel that you have not been treated fairly according to the SSAH Guidelines, you can ask for a review of this decision. To request a review, send a letter to the Regional Director/Administrator within 20 days after you have been notified of this decision.	

Notice with Respect to the Collection of Personal Information	
This information is collected under the legal authority of the <i>Child and Family Services Act</i> , R.S.O. 1990, c.C.11, and the <i>Developmental Services Act</i> , R.S.O. 1990, c.D.11, and will be used for the purpose of providing you with services and support under the Special Services at Home program.	
If you have any questions concerning the collection of this information, please contact the following:	
Name of Regional Office Contact	Telephone Number (Incl. Area Code) ()
Address	

Regional Office Use Only			
Recommended by	Date	Approved by	Date