

### About the Special Services at Home Program (SSAH):

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

**Personal Development and Growth** - 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.

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 or a family caregiver (parent, guardian or other family member).

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.

### Child / Individual Requiring Support

Is the applicant legally entitled to live in Canada and a resident of Ontario? <small>(examples: citizen, landed immigrant, holder of a Minister's Permit, refugee entitled to live in Canada). A copy of supporting documentation may be requested.</small>		<input type="checkbox"/> Yes	Date of SSAH Request		
		<input type="checkbox"/> No	DD	MMM	YYYY
Last Name	First Name	Initial	Gender		Date of Birth
			<input type="checkbox"/> M	<input type="checkbox"/> F	DD   MMM   YYYY
Address: Street Number and Name					Apartment or Unit Number
City/Post Office	Province	Postal Code	Home Telephone Number (with Area Code)		
Mailing Address (if different from above)					

### Family Caregiver

Last Name	First Name	Initial	Relationship to Applicant		
Address (if different from that of the applicant/individual requiring support)			Telephone Number (with Area Code) Home:		
			Telephone Number (with Area Code) Business:		
Have you applied for Special Services at Home previously?				Date of Last Application	
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Regional Office		Year	
<b>Person or Agency Assisting in the Completion of Application (if Applicable)</b>					
Name			Telephone Number (with Area Code)		
Agency or Organization (if applicable)			Position		
Address: Street Number and Name					
City/Post Office	Province	Postal Code			

**Instructions**

The application asks a number of questions in 6 areas:

1. Request(s) for service
2. Description of the strengths and interests of your family member and the support that you provide
3. Your family situation
4. Support networks that are available to you
5. Paid services and supports
6. Signatures

Please complete all 6 sections of the Application Form. All 6 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 information that is collected is confidential and used only for the purposes of your SSAH request.

**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 find attached a Progress Report form. The completed Progress Report is (check ✓ one)

attached     will be sent separately

**Section 1: 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 and employment; 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?

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

**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 2: 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.

<b>A. Strengths and Interests</b>	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	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 (Please Specify)	<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.)

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C: 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 (Please Specify)	<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 required.)

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D. Behaviour	Examples are	Write in behaviour needs and check how often assistance is provided	Check how often assistance is provided				
			Several Times daily	Once a Day	Several Times per week	Once a Week	Sometimes
	<ul style="list-style-type: none"> <li>- Aggression</li> <li>- Self-injury</li> <li>- Running away</li> <li>- Behaviour that is significantly disturbing to others</li> </ul>	<ul style="list-style-type: none"> <li>- Tantrums/Hyperactive</li> <li>- Destruction of property</li> <li>- Withdrawn behaviour</li> </ul>	<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 your unique situation.)

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E. Personal Care	Examples are:	Write in personal care needs and check how often assistance is provided	Check how often assistance is provided				
			Several Times daily	Once a Day	Several Times per week	Once a week	Sometimes
	<ul style="list-style-type: none"> <li>- Dressing</li> <li>- Bathing</li> <li>- Going to washroom/toileting</li> <li>- Lifting/transfers associated with personal care</li> </ul>	<ul style="list-style-type: none"> <li>- Eating</li> <li>- Mobility</li> </ul>	<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 your unique situation.)

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<b>F. Health and Medical</b>		<b>Write in the health and medical needs of your family member and check the amount of assistance needed.</b>					
Examples are:	- Catheterization	- Tube feeding	Several Times daily	Once a Day	Several Times per week	Once a week	Sometimes
	- Seizure control	- Suctioning, etc					
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(If appropriate, provide more information on your unique situation.)</b>							

<b>Section 3: Your Family Situation</b>		
<p>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 that apply to your situation.</p>		
<b>Factors</b>	<b>✓</b>	<b>Additional Comments</b>
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"/>	
You are a single parent	<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"/>	
<p>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.).</p>		

<b>Section 4. Support Networks that are available to you</b>
<p>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, neighbors, friends, etc. However, it is acknowledged that these supports can vary. What supports can you count on and how often are they available?</p>

**Section 5. 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	<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 Coordination/Case Management <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ontario Disability Support Program – Formerly FBA (Adult over 18 years) <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. Assistance For Children With Severe Disabilities (ACSD)**

**- Formerly HCB - (Child under 18 years)**

ACSD is an income-tested program that may provide a monthly benefit to help off set the ongoing extraordinary costs associated with the care of a child who has a severe disability and is living at home with their family.

Have you applied?  Yes  No

If not eligible, 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 6. 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 No.	
Name	Telephone No.	
Name	Telephone No.	

**Application**

I hereby apply for services and declare that the above statements are true to the best of my knowledge.

Signature of Applicant (if 16 years of age or over)	Date
and/or Signature of Family Caregiver (parent, guardian or other family member)	Date

**Notice of the Right to Review Decisions**

You will be notified, in writing, of the decision made by the Ministry. If the amount approved is less than what you requested, 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 the decision.

**Notice of the Right to the Collection of Personal Information**

This information is collected under the legal authority of the *The Child and Family Services Act*, R.S.O. 1990, c. C.11, and the *Developmental Services Act*, R.S.O. 1990, c. D. 11, for the principal intended use of providing the Special Services at Home Program to enable persons with disabilities to live at home with their family.

If you have any questions concerning the collection of this information, please contact the following:

Name of Regional Office Contact	Telephone Number
Address	

**Regional Office Use Only**

Recommended by	Date	Approved by	Date
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