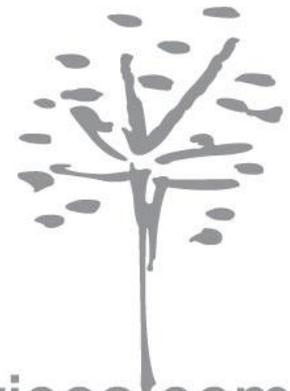


SPECIAL SERVICES AT HOME SSAH

Funding Workshop
By: Respiteservices.com



respiteservices.com

What is SSAH

- The Special Services At Home (SSAH) program helps families who are caring for a child with a developmental or physical disability to pay for special services in or outside the family home as long as the child is not receiving support from a residential program.
- No income requirement
- Funded and managed by the Ministry of Children, Community and Social Services

To be eligible, children with a developmental or physical disability must:

- need more support than most families can provide
- are living at home with their family, or
- if they are not living at home with their family and are not being helped by other residential services
- reside within the Province of Ontario

The amount of SSAH funding that can be received is based on:

- the type and amount of service the child needs
- what other help is available in the community
- what kind of support the family is already receiving

How to use your funding

What SSAH Covers	What SSAH does not cover
Camp and recreation programs	Tutoring and academic programs
Advertising for recruitment for a worker	Camp fees for siblings
Support worker to provide respite/ personal development	Basic care (Clothing, diapers, food, routine medical costs)
Travel cost associated with transporting special needs child for the worker	One time admission costs (movies, amusement park museums)
1:1 worker at camp or recreation program	Regular child care fees for children under 12
Training for a family member or worker that enhances the understanding of the child's needs	Fees and tuition costs for education and employment
Extraordinary costs of childcare (12+ years)	Assistive devices, specialized equipment, home modifications
Nursing for medically fragile children	Dental services
Routine homemaking tasks (cleaning, meal preparation, laundry, snow shoveling)	Professional services (IBI, ABA, speech therapy, OT)
Gym membership fees for the special needs child	1:1 support in a school setting
Daycare/nursery school as respite or if recommended for socialization	Electronics and other Equipment (phones, computers tablets, sporting goods)

Important Information

- Important – make a photocopy of the application itself and keep in a safe place
- You may be required to renew the SSAH application
 - Your Special Agreements officer will mail you an application when needed.
- Required supporting documents for SSAH
 - Childs birth certificate
 - Medical documentation or psychological assessment (signed by a Physician or Psychologist)
 - Direct deposit letter from the bank or copy of a void cheque for direct deposit
- Processing time may vary
- SSAH is a Reimbursement funding program

Important Information

- We **cannot process** incomplete invoices. Incomplete invoices will be returned to you and may delay reimbursement.
- Allow **30 business days** for payment from the date the invoice was received in our office.
- A separate invoice for each worker must be attached.
- Official receipts are required for proof of payment of registration fees for camp, recreation and other eligible expenditures.
- If you have any questions regarding your authorization, services that can be purchased or eligible expenditures, please contact your Special Agreements Officer.

Note

Return your signed, completed invoice by mail, email (see the guide for your local regional office mail/email address) or fax (after you print, sign and scan) to your local regional office business unit. You can find the mailing address on the funding authorization letter you received from your local regional office.

Notice with Respect to the Collection of Personal Information

This information is collected for the purposes of administering the Special Services At Home Program funded under the authority of the *Child, Youth and Family Services Act (CYFSA), 2017, S.O. 2017* and will be used to administer Special Services At Home Program to eligible individuals. If you have any questions concerning the collection of this information, please contact your local regional office.

Authorization Number	<input type="text"/>	Fiscal Year (yyyy/yyyy)	<input type="text"/>
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1. Client Information

Child (Last Name)	(First Name)	(Middle Initial)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Caregiver (Last Name)	(First Name)	(Middle Initial)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit Number	Street Number	Street Name	PO Box
City/Town		Province Ontario	Postal Code
Telephone Number		Email Address	

By signing this invoice, I acknowledge I have not previously submitted the same claim.

Signature	Date (yyyy/mm/dd)
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2. Worker/Parent Relief Worker Information

Last Name	First Name	Middle Initial
By signing this invoice, I acknowledge:		
<ul style="list-style-type: none"> I have provided services as described below. I am not a family member under the age of 18. I am not the primary caregiver. I am not the spouse of the primary caregiver 	Telephone Number	ext.
	Signature	Date (yyyy/mm/dd)

Authorization Number | Child Name

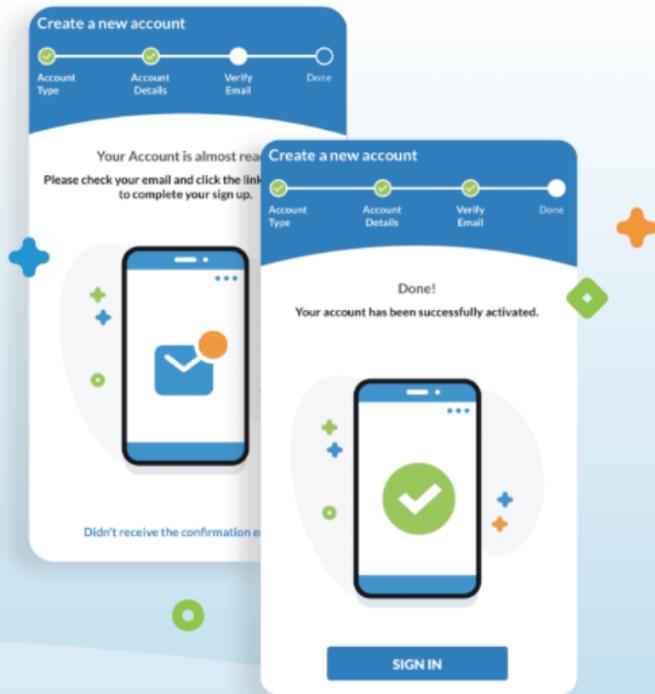
3. Invoice Details

Skill Development and Other Admissible Expenses (refer to the Admissible Expenses list)	Date From (yyyy/mm/dd)	Date To (yyyy/mm/dd)	Complete Only for Worker/Parent Relief Claims			Total Amount (\$)
			Flat Rate	Total Hours	Hourly/Flat Rate (\$)	

Total

Managing SSAH Funding With MyDirectPlan

Anyone who has been approved for SSAH funding can create a free MyDirectPlan account with tons of great features.



- ✦ Submit expenses electronically for approval
- ✦ Submit expenses via your smart phone or tablet with our free mobile app
- ✦ Keep track of your SSAH funding budget and view used and remaining funds
- ✦ Have all your workers review and approve their hours online
- ✦ Manage both SSAH and Passport funding with multiple recipients in one account
- ✦ Stay on top of your funding and personal finances with our budgeting tool
- ✦ Expense attachments are supported in pdf, jpg, jpeg, gif, tif, and png forms

[Create your Account](#)

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

Agency or Organization (if applicable)

Respiteservices.com

Position

Last Name

First Name

Middle Initial

Unit Number

Street Number

112

Street Name

Merton Street

PO Box

City/Town

Toronto

Province

Ontario

Postal Code

M4S 2Z8

Telephone Number

416 322 6317 x1

Fax Number

Applicant Requesting Support

Check appropriate box

Today's Date

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).
A copy of supporting documentation may be requested.

- Yes
- No

Date of SSAH Request (yyyy/mm/dd)

Last Name	First Name	Middle Initial
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd)
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Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	
Telephone Number	Fax Number		

Mailing Address (if different from above)

Complete with your child or family member's information

Section 1 - Family Caregiver

Last Name

First Name

Middle Initial

Relationship to Applicant

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

**Complete with parent/caregiver information
(recommended with parent receiving the Canada
Child Benefit)**

Section 2 - Individual and Family Update

Since your 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 e.g. communication, social skills, community activities	<input type="checkbox"/>	<input type="checkbox"/>
ii) Supervision at home, in the community or elsewhere	<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"/>

If you checked “yes” to any of the questions above, please complete sections 3 to 8 (pages 3 to 7) of this application and return the completed form to your ministry regional office. You will be contacted regarding any changes to your funding.

If this is your first time applying for SSAH, leave this entire section blank.

If this is a renewal application or request for increase, fill out this section

For new applications, check off ‘attached’ under the bullet point ‘The Documentation is’

Instructions to Complete Sections 3 to 8:

- 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.

- The documentation is (check one)
 attached previously sent (no change) will be sent separately
- The completed Progress Report is (check one)
 attached will be sent separately

Check Both

Section 3 - Requests for Service

Please check the service or services you are requesting:

→ **Personal Development and Growth:** These are individual developmental programs that are time limited and help the child 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; education activities usually provided by the Ministry of Education, assistive devices and professional fees. (Please consult the SAO for further info).

This section asks how the funding will be used to benefit your child or individual with a disability – we suggest you check off both.

Refer to examples below

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; education activities usually provided by the Ministry of Education, assistive devices and professional fees. (Please consult the SAO for further info).

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.	
Total	

What are the 5 things that you want to work on this year with your child?

Examples of common goals

Expressive and/or receptive communication skills
Social skills with peers
Functional play skills
Behavior management
Safety skills
Transitioning skills
Self-esteem/Confidence
Self-help skills (bathing, dressing, eating, toileting, etc.)

Life Skills (ex. cooking, cleaning, laundry)
Transit/TTC training
Fine motor skills
Gross motor skills
Sexuality training
Community and recreational integration

Total

If necessary provide additional details of cost estimate here

10-15 hrs/week x 12 months @ \$20/hour starting ASAP

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

Parent(s)/Guardian name here

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

Agency's Mailing Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Leave this section blank		Postal Code
Telephone Number	Fax Number		

Examples of costs for respite services

2-3 shifts/week = 10-15 hours/week
CHAP/private respite worker average cost \$15-20/hr

**What does your child or family member like to do?
What are they good at? Are there any barriers to these interests?**

Section 4 - 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 applicant. The program provides support to people who have a wide variety of unique needs. Please check or write in the factors that describe the applicant 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.

- i.e. Loves going to the park
- Really likes to play with trains.
- Enjoys playing on the computer.
- Very interested in dinosaurs.
- Loves the water but does not know how to swim

B. Personal Development Support

Check how often assistance is provided for personal development support

	Constant	Hourly	Daily	Weekly	Reminders	Never
Communication	<input type="checkbox"/>					
Social Skills	<input type="checkbox"/>					
Community Activities / Involvement	<input type="checkbox"/>					
Other (specify) 	<input type="checkbox"/>					

(If appropriate, provide written detail in the space below)

How does your child communicate or interact with others? Check off box and then provide as much written detail as possible

Communication:
Are they verbal/non-verbal, do they gesture/point to items? Do others understand them?

Social Skills: Do
they like to be around/play with peers? Do they share/take turns?

Community Activities/ Involvement:
How are they in group settings? Do they follow instructions/rules

C. Supervision

Check the amount of supervision or attention provided for safety

	Constant	Hourly	Daily	Weekly	Reminders	Never
In the Community	<input type="checkbox"/>					
At Home	<input type="checkbox"/>					
Other (specify) _____	<input type="checkbox"/>					

(If appropriate, provide more information on the type of supervision provided)

Note: most young children require constant supervision, regardless of diagnosis

D. Behaviour

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

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

	Several times daily	Once a day	Several times per week	Once a week	Sometimes
_____	<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)

Might also include spitting, pushing, sleep difficulties, anxiety, resisting change or transition.

What kind of help does your child need?

Do they need help to cut their food?

Can they wash their hands independently or do they need visuals or reminders?

Do you have to lay out their clothes or can they choose and dress on their own? Is the clothing appropriate for the weather?

Can they do up buttons, zippers, tying shoe laces?

May Include:

- Any medications, vitamins, supplements
- Asthma
- Allergies
- Stool Softeners
- Melatonin
- Eyeglasses
- Hearing Aids
- Sedation with dental
- Specialists

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	Sometimes	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	Sometimes
		<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 5 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"/>	
Other (Please specify) <input type="text"/>	<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 (e.g., changes to your family situation, number of children in your family, etc.)

Please take a moment to think about all the stressors your family experiences.

Examples include:

- Caring for or assisting elderly parents
- New to Canada
- Single parent
- Looking after a partner who suffers from depression or anxiety
- Housing issues
- Personal medical/health concerns
- Sleep deprivation

Section 6- 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?

Do you have anyone you can call on short notice for assistance?

- Some supports but not readily available.
- No individuals able to support behaviours.
 - No supports available.

Section 7: 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"/>
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 style="width: 100%; height: 20px;" type="text"/>	<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

What is your child doing during the day? After school?

What type of supports are you currently receiving or waiting for?

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Respiteservices.com		<input checked="" 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

**Are you receiving support from the LHIN?
(I.e. Personal Support Worker)**

**Would be interested in engaging the
services of a Respite Provider if funding
was available.**

C.

Other Financial Support

It is important that you (or your family member) seek the financial supports for which you are eligible.
Are you (or is your family member) in receipt of the following financial supports?

Type of Financial Support	Applied to		Ongoing		If not eligible, please state reason
	Yes	No	Yes	No	
Assistance for Children with Severe Disabilities (ACSD) (Formerly HCB for children under 18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

You may wish to provide additional documentation such as reports from other professionals if you feel it would help support your request.

ACSD will be replaced by ODSP when your child turns 18 (you will need to contact your Regional ODSP office to register when your child turns 17).

Section 8 - 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.)

Signature of Applicant (If 16 years of age or older)

Or Signature of parent/guardian (if applicant is not capable of providing consent or is under 16 years of age)

Sign Here



Last Name

School name and contact

First Name

Telephone Number

Last Name

Doctor's name and contact

First Name

Telephone Number

Last Name

First Name

Telephone Number

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 older)

Date (yyyy/mm/dd)

And/or Signature of parent or Guardian (If applicant is not capable to confirm statements or if under 16 years of age)

Date (yyyy/mm/dd)

Sign Here



Today's Date



***You can remove this extra page from your application**

CHILD'S NAME: _____



Please tell us about your child and the limitations imposed by the disability and assist us in processing your ACSD and/or SSAH applications.

(1) GENERAL: Is your child on any medication at this time and for what? Is your child able to administer their own medication? Is your child able to prepare simple meals? Does your child wear eye glasses or hearing aids?

Please tell us about your child's limitations:

(2) MOBILITY: Is your child confined to a bed? Does your child use a wheelchair or other aids? Are they able to walk, run jump, ride a bike, and go up and down the stairs alone? Is your child medically required to wear special shoes? If yes, then why?

Please tell us about your child's limitations:

(3) EATING HABITS: Is your child eating solid food or pureed food? Is your child independent with feeding or is tube fed? Can your child drink from a cup, use eating utensils such as a spoon or fork? Can your child cut food with a knife?